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**SURGICAL CLINIC AT THE HOMŒOPATHIC
HOSPITAL ON WARD'S ISLAND.**

By PROF. WM. TOD HELMUTH, M.D.—REPORTED BY
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*Ulcers—Radical Cure of Hernia by the Heatonian
Method—Second Operation for Cheloplasty—Stretch-
ing the Sciatic Nerve.*

GENTLEMEN: The first patients whom I shall have the pleasure of bringing before you to day, are some of those upon whom I tried the different methods of treatment for ulcers at one of my former clinics. All of the cases have been benefited, and five of them have been discharged cured. Time enough has not elapsed since I first brought the cases before you to effect a cure of all the sores, for, in the treatment of such torpid conditions, prolonged rest is an important factor; and in patients of this class it cannot, as a rule, be obtained for any consecutive length of time.

Ulceration is a solution of continuity in a part, the result of molecular death, and there is nothing within the province of the surgeon which requires more patience, perseverance, and pertinacity, than the management of this abnormal condition, especially when it has become chronic, and the patient's constitution is in a vitiated condition.

One of the difficulties is found in the fact that the patients who usually suffer from chronic sores are those of the poorer classes, who are not able to take the necessary rest; or, as too frequently happens, are slaves to intemperance and dissipation of all kinds, and would rather suffer, than abandon their vicious proclivities. A physician becomes weary of such cases, and is glad to turn them over to some one else. As soon as the leg is taken from its horizontal position and the weight of the body borne upon it, immediately the curative process is arrested, the circulation is not carried on with sufficient alacrity, and the sore spreads. Some of these patients suffer from ulcers for fifteen or twenty years, and go from doctor to doctor and from hospital to hospital without being cured. Remember that I am not speaking of acute ulcers arising from traumatism, but of old, indolent, callous sores. As I have already said, these indolent ulcers may be cured, but the process takes a long time. The physician must exercise great patience, and, as a rule, need not expect much pecuniary compensation; if he does, judging from my own experience, he will be doomed to a severe disappointment. This, however, is rather beneficial than otherwise to a self-opinionated graduate. [The remaining patients were then brought into the theatre.]

1. Ann Fatten, aged 41. Simple ulcer, which is liable to return after healing. Granulates under poultice. Treatment: *Flax seed* poultice twice a day and *Sulph.* 30 every three hours. It is now almost well.

2. Maria Gilligan. Irritable ulcer, which is very much inflamed. Treatment: Strapping every day, and *Nitric acid* 3 internally.

3. Anna Clark. Sloughing ulcer of right leg; has suffered from it for three years; periosteum involved and line of demarkation formed; has a great deal of pain at night. Treatment: Poulticed once in four hours, and every fourth day painted with a solution of *Nitric acid* and water; a little *Carbolic acid* is used in the poultice, and internally *Iodide of Potassium*, grs. v., three times a day. Was grafted with skin grafts, and had also *Merc. sol.* 1st. Is doing better than at any time previously.

4. Mary Karney. Sloughing ulcer; has had it for sixteen years. Treatment: Touched around the edge with *Nitrate of silver*, poulticed for two days, and then packed with dry earth, the crust to be removed the next morning. Internally, *Ara.* 2x three times a day.

5. Mary Jennings. Sloughing ulcer; extending rapidly; not very deep; edges overhang and jagged. Treatment: Poultice the edges and cauterize the ulcer with *Nitric acid*; skin grafting.

6. Mary Kelly, aged 50. Indolent ulcer, with shining, lardaceous base; has no granulations; has had it about a year. Treatment: Relieved the tension by a deep incision in each side. This case is about cured.

7. Anna Casey. Irritable ulcer; all the surrounding tissue exceedingly painful; ulcer irritable, with lardaceous base. Treatment: strapping and *Nitric acid*.

8. Ann Burns. At first, one large ulcer; at present, bands of cicatricial tissue divide the original sore into several smaller ones. Treatment: Skin grafting; pack with *Merc. dulc.* 1st dec.

I hope at a future time to bring these patients again before the class; but so soon as they become better they are generally anxious to avoid the restraint of a hospital and leave of their own accord, or perhaps are discharged for disobedience.

**THE RADICAL CURE OF HERNIA BY THE HEATONIAN
METHOD OF INJECTION.**

I shall next show you the radical cure for hernia by injection. The method which I propose trying to-day is called "the Heatonian," after Dr. Heaton, of Boston, who first introduced it to the profession. It will not be necessary for me to enter upon the anatomy of hernia, because I have done so frequently at the college; but there are a few points which I wish to recall to your recollection. You see by this plate, that the external abdominal ring is not a ring, but simply a slit in the aponeurosis of the external oblique muscle, running downward and inward with the fibres of the muscle; thus rendering the external pillar of the ring the inferior, and the internal pillar the superior. Bear this in mind, for upon this knowledge depends the success of the operation. Hernia may be either congenital or acquired. As the testicle descends in early life it pushes a pouch of the peritoneum before it into the scrotum. This is called the tubular vaginal pro-

cess of the peritoneum. Usually this sac closes in its upper portion, leaving nothing but the cord, but sometimes it remains open, and, upon some violent effort, the gut comes down suddenly through this canal into the scrotum, distending the canal and tearing away the adhesions, if there be any. This is the "congenital" hernia, and may occur at birth or at a later period of life, in which event it is called the "congenital form" of hernia. An *acquired* hernia, on the contrary, comes down slowly, and gradually insinuates itself through the canal and rings into the scrotum, acquiring for itself a sac by the pouching of the peritoneum.

Many operations have been devised for the radical cure of rupture, and last year I showed you Wood's operation. The instrument which I now hold in my hand is Wurtzer's. The scrotum is invaginated, and this cylindrical piece of wood is carried up into the external ring; then this needle, which runs through the centre of the cylinder, is made to pierce the surface of the abdomen. A concave piece of wood, with a hole through one end, is placed upon the abdomen, and the projecting end of the needle is passed through it. Then the two pieces of wood are clamped together and allowed to remain for several days, the intention being to set up adhesive inflammation by the presence of the needle.

I have used the instrument a number of times, with varying results, sometimes pretty good and sometimes bad, but never with complete satisfaction. I show the instrument to you because, in a few years, it will be a curiosity—at least I hope so.

The great disadvantage of all operations heretofore performed for the radical cure of hernia is that the patient is always obliged to wear a truss after the operation, and if such be the case, I cannot see that much benefit is derived from the procedure. The Heatonian method is nothing more nor less than the injection of the fluid extract of *Quercus alba* or white oak bark into and around the external ring and the canal. It is said that Dr. Heaton kept both his method and the preparation he used a secret for a long time, on account of becoming incensed at the profession, and it was finally made public by Dr. Warren, who was Dr. Heaton's assistant. The instrument used by Dr. Heaton was simply a hypodermic syringe [showing the instrument] with a needle which is chisel-shaped, with the orifices at the sides. The piston works like a screw in order that the amount of liquid injected might be more accurately regulated.

Dr. Warren's instrument, which I now show you, is much more complicated. It is self-acting, the piston working by a spring. The needle is flat and twisted like a screw, and the flow of the fluid is controlled by means of a valve, which is opened or closed by pressing on the lever on top of the instrument.

It is certainly a fine piece of mechanism, but I am not sure that, with its many complications, its large size and its costliness, it is any more effective than Dr. Heaton's needle. Dr. De Garmo, of New York, has, this day, introduced a needle of his own, which I shall use on the first opportunity. Dr. Warren says the twist in the needle is of the greatest advantage, as, by its screwing motion when it is being inserted into the tissues, it is not so liable to be broken as is the case with the ordinary needles which are cast, and that it enters the parts with much greater facility. When this operation is to be performed, the scrotum should first be invaginated and the gut returned to the abdomen. Then with the fore-finger of the left hand in the ring, you feel for the sharp edges of the pillars of the ring, and, holding the cord under that finger and also keeping in mind the position of the epigastric artery, you introduce the needle with the right hand until you feel it on the end of your left finger. Then pressing the lever, you allow a little of the fluid to be slowly distributed as you turn the

instrument round and bathe the pillars and the canal. I have lately employed this method twice in my private practice, and so far with perfect success.

When you introduce the needle you must be very careful not to pass it into the cord or the artery, for necessarily bad results would be likely to follow. Warren's directions for preparing the fluid are as follows: Take *Quercus alba*, the fluid extract, and evaporate it to the consistency of glycerine; add an equal amount of *Absolute alcohol*; and to each half ounce of this mixture add 3 ℥s. of *Sulphuric ether*, and gr. ij. of *Morph. sulph.*

The patient must not be allowed to rise from the recumbent position for twelve days after the operation, until the adhesions have had time to become fully established.

Of course, this operation is only applicable in cases of reducible hernia.

[A patient is brought in, and the operation performed as described above.]

The method, gentlemen, which you have seen me employ is different from that advised by Heaton; he guided the instrument by the left fore finger, pressing the abdominal walls into the ring. His directions are: to invaginate the scrotum with the fore-finger of the right hand just into the ring; then placing the left fore-finger so that you can feel the finger that is in the ring, withdraw the latter, and, introducing the needle, inject the fluid, at the point where the finger is invaginated, into the ring. But the trouble with this method is that with a very fat person it is difficult to do this, and I think the better method is the one I have described. About ten minims are injected.

The next important point is the application of the bandage, and I assure you that the after treatment is quite as important as any part of the operation. [Applies compress over the ring and puts on a body bandage, with a tail piece coming up inside the thigh.] The rule for putting on the bandage is that when the patient stands up the perpendicular portion of the bandage falls over the great trochanter.

The history of this case will be that the patient will experience some soreness and may have peritoneal inflammation over the entire abdomen; sometimes suppuration ensues. It takes from ten to fourteen days to see the result of the procedure, and during that time the patient must not be allowed to raise himself from his back. [Second case brought in and operated as before. Unfortunately the stretcher broke while the attendants were lifting the patient from the table, and he fell to the floor. Prof. Helmuth would not allow him to raise himself, but he was placed upon another stretcher, and the gut which had come down was immediately returned to the abdominal cavity.]

Case 3. James S., aged 45. Has an irreducible femoral hernia. It appeared four months ago; he does not know whether it came suddenly or not. He has been cut once in this locality for psoas abscess. He was then a patient in another hospital. No pus followed the incision.

This is a peculiar case, gentlemen. The man may, indeed, have had a psoas abscess, but has, I think, none at present; but he has a hernia which sometimes follows psoas abscess. If you understand the fascia lata of the thigh, which is one of the strongest fascia in the body, you can see how pus may gravitate under Poupert's ligament and suddenly point itself at the saphenous opening, and thus be mistaken for a femoral hernia. The only method for recognizing the difference is by the cough impulse which you find in hernia, and the history of the case. This rupture being irreducible, it cannot be operated upon by the Heatonian, as it is only applicable where the hernia can be reduced. I simply show you the case as one of femoral hernia, which may exist until he dies of some other disease, or may be complicated with psoas abscess.

There are two other cases of rupture waiting to be

operated upon, but as there are other operations of import to be performed I must defer them for the present.

CHEILOPLASTY.

The next case is the man upon whom I made a cheiloplastic operation at a former clinic. You remember how horribly his face was disfigured by the large epithelioma which occupied the whole of the left side of the chin and part of the cheek. You also remember how large a flap was "jumped" from the side of his face and transplanted to the surface from which the epithelioma was removed. You see now how wonderfully the raw surface has filled with granulation tissue, and how slight the scar appears even in this strong light. There is still a notch left in the lower lip, which I propose to close with harelip pins, after having pared the edges. There are also some adhesions between the new lip and the gum, which I will cut away. [Does this.] Now you see that although his mouth is drawn somewhat over to one side, the result is quite satisfactory. The lips may be stretched to a great degree, yet return to their normal position. My greatest apprehension in this case was that the extensive epithelioma, existing as it had for so long a time, might have so infiltrated the surrounding structures that the process of repair would be interrupted, and "the last state of that man be worse than the first." This, I am most happy to state, has not happened, and the new chin is soft and pliable. He will, however, have to keep himself well shaven, otherwise he will show a beard on but one side of his chin.

STRETCHING THE SCIATIC.

I shall next proceed to stretch the great sciatic nerve of the patient for whom we broke up the adhesions in an ankylosed hip-joint, at a former clinic.

Although motion has been in a measure restored to the joint, she has suffered such severe sciatic pain, and requires such large doses of narcotics to give her any relief whatsoever, that I am in hopes of allaying the agony, at least in some measure, by stretching the nerve.

You see by this [referring to a large chart] that the great sciatic nerve issues from the pelvis through the great sacro-sciatic foramen just below the pyriformis muscle. This muscle is triangular in shape, and arising from the front of the sacrum, and passing out of the pelvis through the great sacro-sciatic notch, is attached to the upper border of the great trochanter in conjunction with the obturator internus. The obturator internus also arises within the pelvis from its anterior and external wall around the inner border of the thyroid foramen, and also from the ramus of the pubes, and the body of the ischium, and the obturator membrane; it emerges from the pelvis through the lesser sacro-sciatic notch, and after receiving fibres from the gemelli muscles it is inserted into the upper border of the great trochanter with the pyriformis or just anterior to it. The great sciatic nerve crosses over this muscle and the gemelli. It is overlaid in its upper part by the great glutei muscles and passes down upon the posterior surface of the external rotator muscles of the thigh, nearly midway between the tuber ischii and the great trochanter, but a little nearer the tuberosity. In other words, if a line were drawn from the great trochanter to the tuberosity, the course of the nerve lies about one centimetre to the inside of the middle of this line.

The nerve then passes down the thigh to the middle of the popliteal space, being overlaid by the long head of the biceps, which arises from the tuber ischii and is attached to the external condyle of the femur, and sometimes by the tendon of the semi-membraneous, which also arises from the tuberosity, and is inserted into the internal condyle of the thigh bone. The tendon of the semi-membraneous lies near the nerve and

may be mistaken for it. But it will be known by the fact that the tendon is shiny, while the nerve is not.

The object of nerve stretching is to relieve the pain caused by inflammatory adhesions or contractions around the nerve.

The first experiments in this operation were made by Harless and Haber in 1858; they were followed by Valentin and Paul Vogt. In 1860 Billoth stretched the sciatic. In 1873 Von Nussbaum stretched the brachial plexus, while Gartner, Patruban, and others have performed the operation upon different nerves. This will make my seventh operation of nerve stretching; the fourth time I have stretched the great sciatic. On one occasion I stretched the inferior dental for intense facial neuralgia of eleven years' standing, and on another the ulnar, with epileptiform convulsions, intense neuralgia, and paralysis of the arm, arising from traumatism. All these operations have resulted, if not in complete cures, in great relief to the patients.

In this case, as you will see, I first draw a line from the great trochanter to the tuber ischii [marking in ink]. Next I measure the distance, and finding the middle point of the line, I measure one centimetre inward, and from this point strike a line which runs at right angles with the first. The course of the nerve will be along this line and to the middle of the popliteal space. Now I take a knife, and commencing the incision just below the gluteal fold, I make it about five inches in length, and down through the skin and fascia [cutting]. I push aside the long head of the biceps, and you see this [elevating a bundle of white fibres]. Well, that isn't the nerve. It is the tendon of the semi-membraneous, which, you see, is glistening. I can feel it contract on my finger. I hold this aside, and opening the sheath, expose the nerve. [Does so, and raises it upon the handle of the scalpel.] Now I take the nerve upon my two fore-fingers, and stretch it until I feel the adhesions begin to give way [stretches until the patient's leg is raised from the table; stretches five times] and let the nerve drop back into its sheath.

I will sew up the wound, putting in three deep sutures, and the rest through the depth of the skin and fat, leaving the lower end open for drainage. The wound will be dressed with carbolized lint and *Colendula*, and I shall endeavor to report to you the result of the case.

The calcium light was used at this, with the same brilliant results as at the former clinics.

SOROPULOSIS AND ITS TREATMENT.

PART II.

By SARAH J. WHITE, M.D., NEW YORK.

After reading the opinions of the learned authors from whose works I have quoted, and studying the disease in our own private practice, we are naturally led to inquire what remedies meet and counteract so dread a poison, and how can we prevent its further progress? In the old school we find a number used upon homœopathic principles, as well as many used empirically; among them *Antimony*, *Mercury*, *Borax*, *Muriate of lime*, *Bark*, *Iron*, *Hemlock*, *Cod Liver oil*, *Iodine*, *Chloride of barium*, *Sea bathing*, and many other hygienic measures are recommended, as well as local applications. Taking up our own materia medica, we find from actual experience that there are many from whose use we may derive much benefit, and heading the list is one employed by the old school as a topical application—*Acetic acid*. This is said to act principally upon the blood, dissolving the fibrin, and upon the cerebro-spinal system, causing paralysis and convulsions. Watching its effect very closely upon several members of the family previously mentioned, we may at least conclude that the following symptoms

are a clear type of what large doses will produce in cases already affected with scrofula: Integuments of the head sensitive to light pressure, feeling bruised; eczema of scalp much aggravated, causing scabs to form where before only dry scales had existed, with intolerable itching, and often a sensation of single hairs being pulled; sensation of giddiness and dullness of brain; inability to think clearly or deeply; eyes weakened and sight impaired; eyelids inflamed, crusts forming on the borders; face covered with pimples; intolerable itching of the ears, with increase of purulent discharge; throat sensitive to cold inhalations, with slight soreness; voice husky; weak, constricted feeling in the chest; stomach weak, food causing at times a burning sensation; colic; general feeling of lassitude; increase of pain and itching in ulcers. Most of these symptoms are given among the provings also, and I think we may add an increase in the acridness of the discharges from the generative system, causing excoriations. Used in the old school as an application, it allayed the itching of the scalp and helped to heal the ulcers. Under *Alumina* we find many symptoms which remind us of scrofula. The eyes agglutinated and inflamed conjunctiva; the irregular appetite; eructations; nausea; itching of the anus; scanty stools; scanty and painful menstruation; leucorrhœa, with the catarrhal symptoms of head and chest; great disposition to catch cold, spoken of by Hahnemann, all point to its adaptability to this disease. Jahr and Allen give us full provings, which will repay the student's care and trouble and teach us that we may often expect help from this remedy.

In the scrofulous atrophy of children, as in some forms of diarrhœa, we think of *Arsenicum*, and we find it extensively used by the old school in some forms of skin disease. It has done me good service in cases of erysipelas depending on a scrofulous diathesis when the pain was burning, smarting, with the characteristic thirst. It also relieved a nervous palpitation of the heart in one scrofulous patient when the complexion was pale, waxy white, and the face swollen. It has many skin symptoms, and particularly of the head and face—often met with in scrofulous subjects. The ulcers of the nose and mouth, which are so painful, smarting and burning, and which often cause great despondency, are covered by this remedy. There is also the coryza, and the general catarrhal symptoms, the leucorrhœa which comes away while the patient is standing—all these are met with in this disease, and point to *Arsenicum* as our remedy.

Aurum presents us a fine study in connection with this disease, especially when combined with syphilis. We have not only the unhappy suicidal tendency of syphilis, but the desponding melancholy of scrofula, during which the patient thinks everything in life goes wrong, and he can succeed in nothing. He becomes dissatisfied with all around him, and thinks there are obstacles everywhere in his way. Sometimes becomes very peevish, and quarrels with every one (Allen's Encyclopædia). These symptoms are very marked in scrofulous subjects. We have also the confusion of the head, with headache. The eyes have the constant feeling of sand and lachrymation. We find many symptoms of the nose corresponding to scrofulous conditions, and of the ears also. The burning, pricking, itching sensation in the ears so often experienced by those suffering from the above disease, is covered by this remedy, as are many of the symptoms of the mouth, throat, stomach, and abdomen; some of the chest troubles are met here also. Again, we have the extreme sensitiveness and susceptibility often found in patients of a scrofulous diathesis who suffer from hysteria; thinking of pain causes them to feel it, and there is the great lassitude felt more in the afternoon. The skin symptoms will bear study and comparison. The compounds of *Gold* are

not sufficiently proven to bring many prominent symptoms of scrofula before our minds at present.

In *Baryta carbonica* and *Belladonna* we find two very useful remedies for the swollen glands, *Bell.* acting more quickly in most acute cases than *Baryta*; and it is in these chronic cases that the old school give the *Baryta* in some of its forms. In one case of a child with swollen abdomen, very pale face, unable to walk at the age of 18 months, subject to convulsions, and every cold producing bronchial catarrh and diarrhœa, *Bell.* cured. Two elder children of the same family suffering from repeated attacks of tonsillitis were cured by the same remedy. Under *Baryta* we find many affections of the glands of the head and neck, and given in cases of long standing often works admirably. *Borista* is also mentioned as one of the remedies useful in this disease.

Cal. carb. is one of the old remedies known to all; but besides the swollen abdomen and cold, sweaty feet of these scrofulous patients, I have seen some symptoms result from its provings in the higher potencies which I have never observed in print. I would mention a large sore developing on the left malar in the infra-orbital region; also, besides the occurrence of the menses every two weeks, a dark, cherry brown discharge from the uterus, with abrasion of the cervix, the discharge lasting during the interval of the cessation of the menstrual flow. Horny excrescences were formed on the toes and rheumatism developed in the feet. The above symptoms occurred twice (an interval of two years between the times) in the same person while under the influence of *Cal.*, and may be met in individuals suffering from chronic scrofula. *Cava-ticum* has done me good service in some scrofulous subjects after neglected pneumonia, removing the partial aphonia and relieving the cough, entirely curing the involuntary micturition, which had been exceedingly troublesome; also curing a sharp pain which had been constant through the hepatized lung. It has many other symptoms of scrofula which I have not verified.

Cod Liver oil is one of the chief dependencies of the old school, and certainly seems to have a fine effect with some constitutions, although it seems to me to owe a part of its healing properties to its food-like action, as well as to its contained medicinal constituents, *Bromine*, *Iodine*, etc. I have seen its effects in the early stages of the development of scrofula in children, and they were very marked and beneficial; also in the threatening phthisis pulmonalis, and they were quite as marked. We have some good provings of it which are worth study.

I must not forget to speak of the fine effect of *Cal. phos.* in the case of scrofulous children. The nasal catarrhs which become so troublesome at night from the mucus falling down the posterior nares, (*Natrum muriaticum*), causing a constant cough, great emaciation, no appetite, patient looking cachectic, I have seen yield to this remedy. It is often indicated in other diseases peculiar to these subjects. *Cina* and *Conium* are both mentioned in connection with this disease, *Cina* in the worm affections particularly. *Conium* will bear much study in connection with the uterine diseases of scrofulous women. It has many eye and ear symptoms which seem to be reflex symptoms of uterine troubles, and makes some fine cures in these cases. *Graphites* has done much for me in tettery eruptions of children, has cured the thickening and irritation of the eyelids, ameliorated the eczema of the scalp, and in adult females aided me in restoring the menstrual flow where it had almost ceased to make its appearance, causing obesity, giddiness, even unto falling, extreme nervousness, headache, dyspepsia, etc. It is worth our while to study it thoroughly. *Hepar sulphur* in the forming abscess, the croupy cough, of both children and adults, the rhagades of both hands and feet, humid scald head, urinary symptoms, as well as

many others, mark this as a fine remedy to add to our list. In the *Imponderabilia* we have agents whose power has been little studied in this connection, and although some few have had success with both *Electricity* and *Galvanism*, others have thrown much discredit on their use. I would suggest that not only they be thoroughly studied as we know them in our remedies, but as applications direct from our batteries in connection with the different metals. I have found them of great use in white swelling, infantile paralysis, chronic glandular swellings, and as a hygienic means of giving tone and strength to the lax muscular system, thereby curing spinal curvature and remedying many faults attributable to this disease. *Iodine* and its compounds, especially the *Iodide of Mercury*, acted charmingly in two cases of hepatization after pneumonia, in connection with *Animal magnetism*. In one case the patient regained the use of the lung, and in both the cough was very much better, almost entirely cured in the case of the first. Both were cases of several years' standing. This group is well worth study. In the *Kalium* group we find a similitum for many scrofulous ailments. The affections of the skin and mucous membranes with their characteristic discharges are all worthy of our notice, as we may cure with some one of this group many a symptom of this dread disease. *Kreosotum* is another one of the remedies whose action is very marked in subjects of this disease, especially when combined with syphilis. The diarrhoeas of these children whose teeth decay as rapidly as they protrude from the gum, are very often cured by this remedy. The leucorrhoeas of scrofulous females—both mild and corrosive—are also met with under *Kreosote*.

Lycopodium for many chronic symptoms, dyspepsia, cough, incipient phthisis, chronic catarrhs, etc., etc., will repay much research. Much dependence has been placed upon the various compounds of *Mercury*, by all the writers upon this subject. Glandular swellings, open ulcers, chronic abscesses, caries of bones, leucorrhoeas, coughs, and a legion of other diseases have been met with them. One has only to study the literature of scrofula to see that the old school made them their chief reliance. *Muriatic acid* also meets various stages of the disorder; will bear thought and attention. The *Natrum* group do as good service very frequently here. I would call attention to the catarrhal, the rheumatic and eye symptoms, particularly of *Natrum muriaticum*. The diarrhoeas of both the *Carb.* and *Mur. of soda* are worthy of study in scrofula. The symptoms of the female generative system are very marked and may furnish us a hint. Some of the heart symptoms of the *Muriaticum* are met with in patients of this class. *Nitric acid* in scrofulo-syphilitic diseases is very useful. Its symptoms are well given and do not need repetition. *Petroleum* is a remedy little studied, and yet gives us some fine results with scrofulous constitutions, particularly with young girls who become almost chlorotic, looking pale, much emaciated, suffering much at each menstrual period, the flow being pale and watery, a profuse leucorrhoea, little or no appetite, great weakness. *Petroleum* cured one such case for me. *Phos.* and *Phos. acid* present pictures well worthy our attention. The whole group of eye symptoms, in fact, all the symptoms require our study, for we may meet here our cure for the almost anemic condition of the whole nervous system that we so often find among this class of patients. The diarrhoea of dentition, and some of the stages of cholera infantum, call for one or the other of these remedies. In *Puls.* we find a long tried friend, and as a remedy for some of the diseases of the eye of children it has no equal. Its action over the ear is quite as well marked, and often relieves at once the purulent discharges from this organ. The weakness so often met with in children, nocturnal incontinence of urine, I have cured with *Puls.*, and as a remedy

during the irregularities of the menstrual function I need say nothing—it is too well known. *Rhus tox.* is very highly spoken of by Hartman and Teste, in their works on diseases of children, and, judging from the number of symptoms mentioned in our works on materia medica, we may study it in this connection with advantage. I had forgotten to call attention to one of our so-called isopathic remedies, *Psorinum*, but it has served me too well to be now neglected. I do not know a form of scrofula in which we may not find its use of benefit at times; and often in acute diseases of such patients a dose of *Ps.* will accelerate the action of other remedies when they have seemed to fail us, though well indicated. In *Septa* we have a remedy much used and well known to the profession, yet under every group of symptoms we find something to newly awaken interest every time we read it over—under those of the skin, eyes, stool, genital organs, extremities—all have something of interest in connection with the disease, scrofula. In the hands of some practitioners it does more for the gynecological diseases than any other one remedy. Its urinary range is extensive, and I have had some fine results with it in the troublesome wetting of the bed of children, where *Puls.* did not seem indicated.

In several cases of hysteria, depending upon misplacement of the uterus, I have had fine success in curing when there was a marked feeling of stiffness in the left ovarian region. *Silicea* is useful in many forms of this disease. The rheumatic headaches of scrofulous patients, commencing in the occiput and extending upward, with the great desire to have the head well covered, the spinal curvatures, the symptoms of abdomen, stool, genital organs, all claim our attention, and we may perform marked cures in some diseases of the extremities. One case of frost bitten feet, toes badly ulcerated, and whole foot badly swollen, patient an old woman of sixty years, was entirely cured with *Sil.* 200th; patient decidedly scrofulous. With *Spongia* we might expect to find relief from some of the skin diseases, but in scrofulosis, I think, its more proper sphere is in diseases of the larynx and chest; the hoarseness, cough, and coryza, both of children and adults; the croup of children; the cough "which seems to come from a deep spot in the chest, when he feels as if the spot had become sore and bleeding from the cough;" all point to *Spongia* as a remedy.

Staphysagria seems to cover many hysterical symptoms of this class of patients. It has also many glandular affections. The diseases of the skin, head, face, nose, mouth, and digestive organs are quite marked, and the aching pains in the larger points of the extremities are worth our while to study in relation to the rheumatic conditions of the extremities of our scrofulous patients. *Sulphur* is like a long tried friend, from whom we may expect sympathy in all our troubles. Its adaptation to the lymphatic and leucophlegmatic constitutions, glandular swellings, stiffness of joints, curvature of bones, unsteady gait, inclination to take cold, the whole range of skin diseases, symptoms during sleep, of the head, eyes, ears, nose, face; its gastric troubles, with those of the abdomen—are all characteristic of scrofula. Its stools, urine, diseases of the generative system, larynx, chest, back, and extremities, may all be met in cases of the above disease. Often when other remedies seem indicated in acute cases of disease, we sometimes find their action more marked and rapid by giving *Sul.* first. How perfect the cure in some cases of eczema of the head and face! How marked its action in some cases of threatening abortion, when every known remedy fails! I am sure it saved the lives of one mother and child for me, where *Sabina*, *China*, *Secale*, and *Electricity* had been given, with no avail. Although the severity of the flow and the regular pains had ceased, still there was constant slight flooding for some days, and *Sulphur* cured my case and carried the child to term. In

the scrofulous ophthalmia of infants it is one of our finest remedies.

Among the later remedies we have *Tarantula*, and, judging from the verified provings, it promises to take a very prominent rank, particularly in all abscesses and glandular swellings. The symptoms here are very marked, and the remedy seems to give almost immediate relief from the terrible pain sometimes endured in these troubles (*T. cabensis*). It has many skin symptoms—the intolerable itching, pricking sensation and the pimply eruption the most prominent. The chorea and nervous symptoms are well marked, hysteria being very prominent among them. It well repays a thorough study, and a proving, translated by J. A. Terry, M.D., may be found in the *North American Journal of Homoeopathy*, of February, 1873. The species *Tarantula hispanica*, and another of *Tarantula cabensis*, in the *Homoeopathic Times* of March, 1879, the latter only giving a few of the symptoms, by Jose J. Navarro, M.D. The *Hispanica* gives us the extreme irritability we so often find in scrofulous patients, the sensitiveness to cold air, and aggravation of some of the symptoms by use of cold water, reminding us of *Calceola*. Then there are retraction of one or more muscles, as we find them in some children during dentition; the sadness, sometimes extreme and without cause; the absence of mind; headaches; eye affections, and those of the ear; gastric and abdominal, and many of those of the female generative system—all point to *Tarantula* as a future favorite in scrofula. Those of the chest and extremities also give us hope of good results with it in diseases of these localities. The hygienic measures to be adopted in scrofula are many and very necessary. The food should be of the most nourishing kind, and varied enough to meet the needs of weak digestion and poor assimilation. Rarely cooked beef, well cooked mutton, cream, soups of various kinds, but plainly made, fruits, grains, preparations of malt—all these will aid us much, if taken in quantities suitable, and at the appropriate time. *Fresh air* and *Sunlight* are very necessary adjuncts to the cure of this disease; and *Exercise*, as much as is suited to the strength of the patient. *Bathing*, both the fresh and sea bath, are absolute luxuries, and absolutely necessary to the full restoration of those afflicted in this way; and last, though not the least in its effects, is the keeping the patient free from the desponding cares which tend to depress the mind. Already there is a tendency to sadness and dejection, and everything should be cheerful, sunny, and bright, and the patient stimulated to read and converse only upon those subjects which strengthen, amuse, and cheer the mind. With children, give them a small barrow, with its accompanying tools, and allow them to roam at will in the yard or in the country. The air, earth, sunlight, will all make them happier and healthier, and certainly keep them desizens of this earth much longer than to confine them indoors, shutting out all the busy life outside. I have only given here a few hints gathered from our best experience as I could cull them, and I trust they may be useful to the student as my study has been to me.

A CASE OF CHRONIC VAGINISMUS.

By E. J. PIERCE, M. D., NEWBURGH, N. Y.

In Oct. —, 18—, I was called to make uterine examination of Miss M—, a stout, robust young lady, of about 20 years of age. She stated that she had for some years suffered from dysmenorrhœa, yet the difficulty that caused her the greatest suffering was "falling of the womb," as she supposed—however, I failed to recognize in the general appearance of the lady, indications of such a condition, for I had seldom met a lady presenting so fine a physique.

I was called to make physical exploration, so without unnecessary delay, I placed the patient in position, and proceeded with all due care to introduce the index finger into the vagina. As there had been no nervousness connected with the contemplated examination, I was astonished to see my patient writhing in greatest agony, as I had as yet scarcely touched the labiæ. Of course I ceased any attempt at farther exploration—the suffering continued for a minute or more and the patient fainted. After her restoration I remarked to her mother, who was standing by, that there was something wrong. I then submitted the parts to inspection. The only pathological condition presented was a small tumor (not larger than a rice kernel) at the mouth of the urethra. I could open the hymeneal surfaces freely by placing my thumbs well back from the labiæ—the parts relaxing thoroughly; and to all appearances there could be no difficulty in introducing an ordinary speculum. Without attempting this, I oiled a small probe, and the first touch of it within the grasp of the sphincter vaginæ induced the same train of suffering with its sequela, as had attended the attempt to introduce the finger. I diagnosed *Vaginismus*. The question then to decide was what caused the vaginismus? The possibility of this little, insignificant excrescence in the mouth of the urethra being the cause of such spasmodic action was hardly to be entertained. With the hope of lessening the irritable state of the tumor, *Hydrastis ointment* was ordered, and a free application of it was made daily for three or four weeks, but with no relief. At this juncture I called to my aid Dr. John J. Mitchell, of this city.

After giving Dr. M. a history of the case, I asked him to make such examination as he deemed necessary, in order to determine as to the advisability of operative procedure, and to what extent. He very kindly relied upon my statement of the case, and did not venture upon the slightest interference, but, with myself, could scarcely believe that the excrescence in the urethra could induce a vaginismus probably more decided than any case ever reported in a virgin.

While making an ocular examination, I asked him to allow me to draw back the labiæ in the manner heretofore described (being obliged, however, to promise my patient first that I would not permit the parts to be interfered with), and so far as he could observe there was nothing to interrupt an ordinary digital examination.

As I had presented the case as one of *extreme vaginismus*, it was decided that it would be useless to attempt any examination without anesthesia; accordingly the patient was etherized thoroughly as was decided, and Dr. M. proceeded to introduce the index finger into the vagina, but semi-consciousness occurred, and he had an opportunity of observing the same intense agony heretofore described, and the insuperable spasm of the vagina.

She was again put under the influence of the anesthesia, then the tumor was removed with the curved scissors, and forcible dilatation of the vaginal sphincter was employed and continued for some minutes, the administration of the ether being continued meantime.

I was then able for the first time to make digital examination of the uterus. I failed to find any displacement or other abnormal condition that could possibly have had such an influence upon the sphincter vaginæ as to have induced the spasmodic contractions.

Dr. Mitchell then introduced a vaginal dilator, and an attendant was directed to hold it in situ for an hour, and the patient was allowed to come out from under the influence of the anæsthetic, which she did in a most happy frame of mind, wondering why she was not put to sleep, etc.

There was no bleeding from the dilatation, and but slight from the removal of the urethral tumor.

The patient was told to make use of the dilator,

holding it in position for an hour, and I called upon her the second day, when she patiently welcomed me herself, and assured me of her good health, and when I came to make examination, I found no difficulty in making as complete exploration as I could desire. I ordered the continued use of the dilator, and saw her again in four days; continued improvement with no disposition to spasmodic action; same treatment continued, and in two weeks the lady called upon me and gave a satisfactory report, saying she could now run and jump without trouble. She was advised to continue the use of the dilator and report in a month, which she did, and upon examination, no return of the spasmodic action of the sphincter was induced; the vaginismus was declared cured.

The subject of vaginismus has been one of great interest to me, to the study of which I have devoted considerable time during the past year, and all the cases as reported by Dr. Marion Sims, and others, were fresh in my mind. His forcible, clear presentation of the physical signs characteristic of the condition were all read out as from an open book. I had seen several cases of vaginismus before—such as are mentioned by authors that hold it to be a nervous disorder that should be treated by medication; I have met with such cases and have cured them—but this case, which I am glad to report, was one that nothing but surgical treatment could have reached; and the items of history of the case gathered later—which occur here almost as a post-script—only go to show its standing, also the persistent exhibition of the spasmodic contraction.

The patient tells me that when she was but a child, she remembers the terrible dread she had of being bathed in that locality, and she says it was that same kind of horror that has caused her to dread any interference later.

Not long before the operation was performed, she was sitting upon the sofa with a friend chatting, when in some way some part of her clothing pressed upon the parts, and she fainted. Every attempt to examine the parts, other than by inspection, previous to the operation, would result the same, not, however, until she had writhed for a minute or more in uncontrollable agony, as witnessed and described by Dr. Marion Sims, who, from analogy, gave this pathological condition its name—vaginismus.

A CASE OF SUICIDAL MELANCHOLIA.

By N. E. PAINE, M. D., MIDDLETOWN, N. Y.

X. Y. Z., a merchant, 55 years of age, was admitted to this asylum, January 23d, 1877. He was married, and had two children, the youngest being nineteen years of age. This was his second attack of insanity. Ten years before his admission here, he became insane for the first time, and spent five months in an asylum. At that time, he was "run down" and entirely worn out. He had been taking medicine at intervals for years on account of neuralgia, dyspepsia and spinal weakness; but he gradually became worse and more and more depressed, until it became necessary for him to be sent to an asylum. After remaining five months, and being subjected to various treatments and restraints, he was compelled to leave before he was well and take charge of his business, or be ruined. That attention to his property diverted his thoughts from himself and cured him.

His life for the next ten years was that of a prosperous business man. He joined the church and was made an elder. He held important trusts, was a director in banks, insurance companies and other moneyed concerns; and his opinion in business and other matters was highly respected. He was a temperate man, one who never drank liquors or used tobacco. At the end of seven years he was troubled occasionally with vertigo, but not afterward. In the eighth year,

for about six months, he was subject to diarrhoea; ever since then he has been constipated.

At the end of the ten-year interval of insanity, he became weaker and more despondent. He was violent toward himself, striking his hands and head against hard objects, with the intention of bruising and lacerating himself. He attempted suicide in various ways, once by drowning, once by taking laudanum, by hanging and venesection. He also thought long and deliberately of assisting his wife to reach a "better place where she would have no more trouble." Before he had really committed suicide or murder, he was placed in the same asylum as when first insane. That was sixteen months before his admission here. Most of the time was spent in that asylum; but the family desiring a trial of freedom, they took him with them into the country. That plan was pursued for eight weeks without success, but not without constant and harassing anxiety on the part of his friends for his and their own safety. When these efforts had failed, he was committed to this asylum, January, 1877.

Upon entrance he was about five feet, eleven inches high; his hair black; eyes dark brown, pupils small; conjunctivæ yellow; tongue coated; bitter taste in the mouth; appetite ravenous, but unsatisfied after eating enormously; continued constipation, with burning and itching of the anus. There was no pain or unnatural feeling in the head; he was always cold and chilly; an increasing deafness troubled him very much, or a sensation of deafness; he was unable to sleep except during the first of the night, and then only for a couple of hours; his thoughts were always gloomy, with a suicidal tendency; and he was not only conscious of his condition, but magnified and gloated over it; he felt lost beyond all salvation, yet he could talk sensibly and pleasantly on business matters, or things not pertaining to himself.

In March, 1877, he had a very severe attack of erysipelas of the face, when for a time he was delirious and very violent. In June, his feet and legs were often so cold as to keep him awake at night, and friction with thick covering did not seem sufficient to relieve it. A sensation was frequent of drops of water trickling down his legs, and the noises in his ears had increased to a roaring like a train of cars. July had for its most prominent characteristics an occasional attack of vomiting without nausea; a feeling of solidity, like marble, in the head; a metallic taste in the mouth; and pain and weakness in the lumbar region, as had been the case for many months.

He had been sleeping very little ever since his coming and many medicines had been given to overcome the sleeplessness, but all to no purpose; when, in August, as an experiment, he was given *Sophora speciosa*. A number of the beans of *Sophora* had been sent to the asylum by Dr. Coucli, of Nyack, with the request that they should be tried in cases similar to this one. It was given in the crude powder and the first trituration, in this case; but it did not produce sleep, or, indeed, have any noticeable effect unless it was that he might have been less nervous. As he was quieter some days than others, it was impossible to say positively that the medicine had produced the quiet. It certainly did not make him sleep any better.

He had complained for months of weakness and thinness of the extremities; but, in September, the wasting was more apparent. At that time it almost seemed as if he had progressive muscular atrophy. The deltoid and gluteal muscles especially were very much atrophied; and he could not hold out at arms' length a very light chair of only a few pounds weight.

Another attempt to induce sleep was made in the months of November and December by the use of *Coca*. The tincture and the first of *Krythroxylon coca* were given without effect.

In December, he again had attacks of vomiting without nausea or any apparent cause.

He began the new year of 1877 with the same old complaints; gradual loss of hearing and sight; no taste, one thing tasting like everything else; with a relish for nothing, and an inability to sleep. He had been in the habit, however, of napping for a few minutes every hour or so through the day, and that helped to make good what was lost at night. During the spring neuralgia was sometimes added to his other ailments. His family, to try every means for producing sleep, had the "influence" of a doctor in a distant city sent to him every night; but, in this instance, it failed to work, possibly on account of the sleep-producing agent being too far away.

In October he slept less at night and walked the floor most of the time, but dozed in the day time. To prevent this reversal of hours for sleeping, he was watched all day, and, when napping, was awakened; but that did not change the amount obtained at night, for he still slept almost none at all, sometimes seeming very stupid and really demented; so that plan was abandoned. From that time until the next February there was no change for the better. When feeling badly, he would walk the floor, hour after hour in the night, or lie upon the floor, striking his head and hands against the walls; was then profane and obscene, and sometimes dirty in his habits. Many of these actions were not proper gauges of his condition or even of his feelings, as they were frequently done to obtain sympathy and attention from those about him. At this time he not only considered himself incurably insane, but thought his family were sharing his insanity. Most of these symptoms and this apparently hopeless condition continued until February, 1879.

In closing the first chapter in the history of this case, the names and potencies of the various medicines will indicate the direction of the attempts for his restoration. They are in the same order as given; some of them, however, were repeated, but that is not indicated: *Nux v.* 200, *Bell.* 1, *Pod.* 1, *Hys.* 1, *Nux v.* 1, *Mer. sol.* 3, *Acon.* 1, *Canth.* 30, *Causd.* 1, *Aurum m.* 3, *Acon. tinct.* 1, *Puls.* 1, *Cin. tinct.* 1, *Rhus t. tinct.* 1, *Rhus t.* 30, *Bell.* 30, *Lach.* 30, *Graph.* 30, *Causd.* 30, *Cin.* 1, *Ign.* 30, *Sulph.* 10, *Calc. c.* 3, *Aurum m.* 30, *Nux v.* 1, *Phos.* 30, *Bry.* 1, *Ign.* 1, *Mer. prod.* 2, *Nelom.* 1, *Alea.* 1, *Alea.* 2, *Conium* 2, *Sulph.* 30, *Coca* 1, *Coca tinct.* 1, *Ver.* 1, *Hys.* 1, *Cham.* 6, *Cham.* 3, *Cham. tinct.* 1, *Hydrast.* 1, *Scutell.* 3, *Alea.* 30, *Mer. sol.* 12, *Anac.* 1.

We now come to the second chapter. In Feb., 1879, so little progress had been made, (he was becoming gradually more demented, there being besides constant danger of suicide), that some radical change was necessitated. Dr. S. Weir Mitchell's plan of treatment was at once begun. According to it, the patient must remain abed for weeks, have a changing dietary, take *Cod liver oil* and *Iron*, be treated daily with electricity and massage, or kneading, with passive motion. In this case some deviations were made from the Mitchell treatment, as no *Cod liver oil* or *Iron* were given, and no electricity applied. The first step was to keep him abed, and not allow any exercise or communication with his friends. This was accomplished by having an attendant with him night and day. Next the ordinary diet was discontinued, and two quarts of skimmed milk were given during the twenty-four hours, at intervals of two hours. No other food was allowed, and, indeed, he wanted no other. His weight at this time was 146 pounds. In four days five pounds had been lost, and the stomach did not bear the milk very well. On the fifth day one pint of beef tea was given, one half in the morning, the other in the afternoon, taking the place of the milk at those times. He slept no better, and felt as depressed as usual. As the milk was not well retained in the stomach, beef tea was substituted, and massage begun on the seventh day. On the eighth day, the weight had decreased to 136 pounds, and he had slept the usual amount, about two hours.

At this time a suspicion was verified. It had been thought for many months that he masturbated; still no actual proof could be found, but now, when pressed, he admitted that it was a daily or at least a common occurrence. He felt a constant and intense desire for intercourse, and an increasing burning aided in keeping his thoughts turned to the sexual organs. For the burning, a large sound was introduced, and left in position a few minutes, every other day. That symptom was relieved after a few weeks, as our experience in similar cases had led us to expect. To prevent the practicing of the habit we have various means in the asylum; but the appliance selected for him was the adhesive straps. The procedure is this: the prepuce is retracted and held by a piece of plaster; strips of thick adhesive plaster, about half an inch wide and four inches long, are then wound around the glans and back over the retracted prepuce to the body, so that nothing remains uncovered except the orifice of the urethra. When properly enveloped in this way, there can be no friction; and even erections are, in a great measure, prevented. They also act as a tell-tale; because, if once removed, they cannot be replaced. They are of no use in violent or demented cases, as they would have no hesitation whatever in pulling them off. On the eleventh day he was warm for the first time in years, and began to show some signs of hopefulness. A full diet of meat, vegetables, and fruit was then given, and *China* tinct. Two days afterward he had slept from seven to eight hours, and had perspired so freely as to wet the bed. Perceptible perspiration had been unknown to him for years. His day was then divided in this way: At six in the morning, beef tea; at eight, breakfast; ten, bath with rubbing; at noon, dinner; at three in the afternoon, beef tea; five, supper; eight, massage for one hour, given then to induce sleep; and at nine, beef tea. On the eighteenth day his weight was 146 pounds, but he was depressed, with suicidal tendencies and profanity. The stomach now caused trouble, by reason of the frequent vomiting. These attacks were not accompanied by nausea, but were regurgitations without straining or warning of their coming. *Ipec.* 1 and *fris v.* 3 were tried, but with no immediate success. Afterward, until discharged, *Phos.* 3 was the general remedy. In the night he masturbated, and, for some days following, was more stupid. *Apis m.* 3 was next given, and then *Sulph.* 30 for constipation. On the thirty-ninth day his weight was 147 pounds. He had again taken off the plasters, was very much depressed—in fact, in a frenzy; his eyes were rolling about, his face contorted, giving him a frightful appearance, and he had no hope of recovering. The massage was divided on the fortieth day, one-half being given in the morning, the other half in the evening. For the next week he was depressed, and there was frequent vomiting; but on the forty-eighth day his appetite was ravenous; he was more hopeful, and very anxious to get out to walk and to do something. He began to read books and papers, and he felt that his reading was more intelligent, less mechanical than before this treatment was begun. On the fifty-fourth day it was recorded that he had had a bad night, had pulled off the plasters, and had masturbated. That procedure being repeated on the fifty-sixth day, he was kept muffed. On the fifty-eighth day there was the same attempt made with his feet, while muffed, and again on the sixty-seventh day. Another cycle of depression had now begun. In the night of the seventy-first day he was very much excited, and tried frequently to pitch out head first upon the floor, but was prevented by the attendant. He was very suicidal, begged to be put out of his misery, or at least to be put on the worst ward, where he thought he belonged, and to be fully restrained. The next night he did better; but the night of the seventy-third the frenzy was at its height. He had given up

any further effort at self-restraint; he walked the floor groaning and cursing, or pitched out of bed unless held constantly by the attendant. In order to prevent his injuring himself, and to keep him in a proper position for sleeping, he was put in a crib, and that, strangely enough, pleased him, as he had said for months that such a step would be necessary. On the ninety-fifth day he had improved so much that the muff was left off during the day time, and he was kept out of doors on the lawn or driving about the country.

From this time the improvement was more marked, until eight weeks had elapsed without an emission, when one occurred. Some depression and sleeplessness followed, and he received *Staph. 3*. His mind had returned so well to its former healthy condition, that his removal was recommended to the family; and on the one hundred and twenty-seventh day, he was discharged, in care of an attendant, who remained three or four weeks with him and then returned, leaving him alone with his family. He paid some attention to his business, but soon went to the sea-shore. Many people have met him and been with him during this time, now nearly three months, and he appears to all, as he now is, a clear-headed business man. The walking and swimming and sailing have still further strengthened him, so that his gain has been twenty-five pounds in weight; and it is good hard flesh, as he says, and not flabby fat as formerly. He now feels strong and well, and is confident of his recovery and his ability to do good work for years to come.

This case is remarkable for these reasons: First, his age, being now 57 years old, as such a time of life makes a recovery improbable; second, the duration of three years, when the proportion of recoveries after two years is very small; third, the great amount of sleep lost during the three years and a half of illness, it not averaging over two hours a night, so that we do not fear evil results from protracted sleeplessness so much now as formerly; fourth, on account of the supposed cause excessive sexual indulgence.

He had been married thirty years. In his best moments, and after careful calculation, his estimate of the number of connections during that period was that they amounted to at least twenty thousand times. This enormous drain had weakened him, ten years before, enough to cause an outbreak of insanity, and, as he did not profit by that lesson, but continued the same excesses, another and more serious attack was produced. More than that, he had become so accustomed to giving up to the passion that he took refuge in masturbation when separated from his home and brought to the asylum. His will power was all gone, as he said, and he was so helpless that he could not discontinue the practice of himself. For that prevention was required until a small stock of manhood could accumulate.

Although medicines were given him for two years, and every means tried, in the way of surroundings and attractions, to encourage a recovery, he remained in the same apparently hopeless condition until a radical change in treatment was made. The isolation from his old companions prevented the usual daily complaints and mutual sympathizings. The prolonged quiet in bed gave the system an opportunity to recuperate, and store up strength already long and severely overtaxed. The massage not only prevented muscular atrophy during the quiet, but stimulated new exertions of the system. And, finally, the plaster straps stopped the emissions; instead of being a daily occurrence, weeks passed without a single discharge, so that these straps were the most efficient aid in the return to health. It was noticeable in this case, as well as many others, that the first effect of a prevention of the accustomed discharges has been a frenzied condition, lasting a few days; but when that had passed, a quieter, more rational and natural state of mind began. The discharge may produce a depres-

sion of feeling, but that lasts only a few hours, perhaps a day or so, while this frenzy comes with the regular time for another discharge, when the demand is disappointed. Of course, the longer the better and quieter condition lasts after the frenzy, the healthier the patient becomes, until, as in this instance, complete recovery takes place.

This happy result cannot, however, be reached in all cases, as it frequently happens that the disease has reached a point where it is no longer curable; but no one may be considered beyond hope so long as complete dementia of long standing has not been caused by the previous mental disease.

A LIFE SAVED BY EXTERNAL MEDICATION.

By J. N. TILDEN, M. D., PEEKSKILL, N. Y.

A child, aged four years, a robust, healthy looking little fellow, suffered from dyspnoea, with coarse bronchial râles. His previous history included a serious pulmonary trouble prior to his second year, the precise nature of which I could not learn. It is probable that the former disease had been an acute bronchitis and had left him suffering from chronic bronchitis and interlobular emphysema. In consequence of this lung condition every cold which he contracted caused him to suffer from difficulty of breathing. At the time when I first visited him, he had been suffering for several days from a cold, caused by having wet his feet. His symptoms had at first been only slight, like a mild attack of asthma, and a physician had prescribed *Cod liver oil*, without benefit.

The symptoms had gradually grown worse, consisting of difficult breathing, marked by coarse râles and prolonged expiratory effort. There would be occasional paroxysms of coughing, during which the inspirations would become so short and ineffectual and the countenance and extremities so cyanosed as to threaten immediate suffocation. During these paroxysms he would become almost unconscious until they passed off, when, although exhausted, he would soon appear quite comfortable again.

Visited and prescribed for him the following morning. He was sleeping, and seemed to be breathing with comparative ease. The parents said that the attacks of dyspnoea, although very severe, had been much less frequent.

Just at this moment he awoke and was at once seized with a worse paroxysm than any previous one. His countenance and extremities became livid. His respirations became so difficult that they sank to eight per minute, and at each inspiratory effort there was a convulsive action of the muscles about the mouth, such as is never seen save in suffocation. These convulsive inspirations were followed by a prolonged passive expiration, so extended as to diminish their frequency, as above stated, to eight per minute, and gradually still diminishing. The pulse went down to 35 and very feeble. He was unable to swallow. His eyes were fixed and he ceased to give any evidences of consciousness. He was, in fact, to all appearance, beyond all help, evidently "*in articulo mortis*."

My conviction that nothing further could be done was expressed to the family, and I left to attend other duties. Two days later I was summoned to the same family, and supposing that it must be to attend some other person, my surprise may better be imagined than described when I saw the child whom I had left moribund forty-eight hours before, sitting at the table enjoying his breakfast, and seeming in no way to suffer from his narrow escape. On inquiring how this wonderful change had been wrought, it was found that as soon as I had left the room, a neighbor (one of those whom doctors usually denominate as "an officious and meddling ignoramus") had recommended a tobacco-

co poultice upon the stomach. It was immediately applied, and in a few minutes nausea with retching was produced, the muscles relaxed, the obstructing mucus dislodged, respiration and circulation restored, and the *child's life saved by an external application.*

The restoration to consciousness and ability to swallow was immediately followed by the administration of *Carbonate of ammonia*, which I had ordered before abandoning the case as hopeless.

Here was a human life saved by a measure which I should have pronounced useless, at a time when life to all appearance was so near extinct. Probably most physicians would have given a similar opinion. So much has been said among physicians and in the journals of our school about the uselessness and even deleterious effects of external applications in disease, that, with the lesson of this case before me, I cannot refrain from the comment that bigotry in medicine may often cost patients their lives. More than ever am I impressed with the belief that the true physician is one who seeks first of all to confer the greatest benefit upon the sick and suffering, no matter what means be used to accomplish this prime object; one who is ever ready to learn from the practical lessons of experience, even though pet theories be shaken into ruin.

There are good things in all schools of medicine. There are useful hints to be learned even from the much derided "old lady." There is no physician who is capable of impartial judgment who does not constantly find that the lessons of practical experience set at naught the most plausible theories.

The science or practice of medicine is one of exceptions. Let us be on the alert to collect and profit by practical lessons whenever we can, and not be so blind and intolerant that we will not openly and honestly use whatever our own experience and the *experience of others* teaches us to be useful in disease.

ULCERATION ABOUT THE NAIL OF THE GREAT TOE (IN-GROWING TOE NAIL) CURED WITH MAGNETIS POLUS AUSTRIALIS.

By H. I. OSTROM, M.D., NEW YORK.

The condition which has the appearance of a toe nail penetrating the flesh is really caused by the flesh growing over the nail, and this is induced by pressure or any local irritation. The affection when of recent origin is amenable to proper paring of the nail, in connection with relief of the existing cause and a light dressing of *Calendula* if the skin is broken, or *arnica* if the tissues remain intact. But when the lesion has progressed to the stage of ulceration and unhealthy granulation, these simple means will not effect a cure, because the corner of the nail, which continues the local irritation, cannot be removed, so deeply is it imbedded in the flesh, without also amputating the soft parts on a level with the side of the nail. I have heretofore relied exclusively on the knife to cure severe cases of ulceration about the toe nails, but while the results of this treatment have been all that could be desired when the incision was carried to the bone (this extent of incision is essential to success when an operation is performed), such mutilation should be the last resource. I am therefore glad to report the following case:

A young married lady rapidly gained flesh, and consequently weight, after confinement; this, aided by the unnatural pressure upon the ball of the foot, induced by high-heeled shoes, caused the flesh on the inner side of the left great toe to grow over the corner of the nail. Through neglect and injudicious local medication, ulceration and large unhealthy granulations followed. The attendant pain was so great as

to prevent the use of the foot. I gave *Magnetis aust.* 1 every night for one week, and directed that the center of the nail should be shaved and a small plate of hard rubber placed under the corner. (I have succeeded in curing quite severe cases by retaining a plate of this character under the nail.) In ten days the toe was well, and has not since given any trouble.

This case proves, first, that potentiated medicines may be repeated—I believe that this is sometimes necessary to effect the removal of a certain group of symptoms—and, second, that the pathological state is of slight consequence in prescribing, as long as the symptoms of the disease and the drug correspond. The guiding symptom in the present case was that given in the *Materia Medica Pura*, under the proving of *Magnetis aust.*: "Soreness of the inner side of the nail of the big toe, in the flesh, as if the nail had grown into the flesh on one side." (Page 64, symptom 215.) This proving, like others not pushed to the confines of toxicology, exhibits no pathological changes, but the symptoms, more subtle than the disease, indicate what may be the effect of the drug force.

[We think the mechanical was the curative means in the above case. In our experience pledgets of cotton to raise the nail is the best agent to employ, and recovery takes place without any medication whatever. —Eds.]

MALIGNANT STRICTURE OF THE HEPATIC FLEXURE OF THE COLON.

By JAMES E. GOODHART.

The symptoms are vomiting, griping abdominal pain, constipation, more or less distention of the abdomen, abnormally visible peristaltic action of the bowels, and possibly, in some cases, diminished quantity of urine.

According as the obstruction is sudden and complete, or slow and for a long time incomplete, in its onset, you can readily understand that the symptoms will be likely to differ. Thus, in sudden cases, the vomiting and constipation are immediate, and the abdominal distension follows soon after. In the chronic cases, there is usually a history of paroxysmal colic for some time before the onset of more urgent symptoms. The abdominal distension slowly increases, and reaches an extreme degree, and the vomiting and absolute constipation come on at this late period. Moreover, throughout the illness the visible muscular action is usually a prominent symptom.

A man aged twenty-seven admitted, May 22, 1878; died on May 31. He has drunk very freely of spirits and beer. During the last nine months the patient has suffered from attacks of griping pains in his right side, more especially after taking beer; he has never noticed that the pain was increased by food; and he has been so little troubled by it as to take not much notice of it.

About two months ago he caught a bad cold, and was confined to his bed. He then first noticed a hard swelling in his right side, just below the ribs. Previously he had felt in good health, and had been able to work and eat well. He now began to have pain in this spot, and though he got better of his cold and began to work again, he felt weak and his appetite failed; a month ago he was seized with severe pain in his right side and for two days his bowels were confined. This attack passed off, but only to be succeeded by another in a week's time. The pains generally came on in the evening, and after lasting twenty-four or thirty-six hours, would go away. During the pain he was always sick, and by vomiting was relieved. The vomit was bilious; green or yellow. Sickness never came on immediately after food, nor has he ever thrown up any blood, but the ejecta have been of the

nature of coffee grounds. The vomiting has only existed for the last four weeks. The bowels have been irregular—at one time constipated, at another loose. The motions have lately been very black. He thinks he has wasted in the last three weeks. He has been able to take solid food till the last week, but since then has kept to milk and brandy.

Dark and sallow complexion, slightly jaundiced, with worn, pained, and somewhat pinched looking face. He lies in bed on his back, with his legs drawn up. Tongue was furred and moist. He was always thirsty, but quite without appetite. The bowels had acted not long before he came in.

The abdomen was not at all distended—rather the reverse; so much so that a tumor now to be described gave a slight prominence to the surface immediately over it. It occupied the right hypochondrium and right umbilical region, extending for an inch below the umbilicus. Its lower edge was well defined, but not its upper; the whole mass very tender and very hard. It was comparatively dull, but yet distinctly resonant on percussion, and between it and the right rib there was very distinct resonance; above this came the hepatic dullness as usual, extending half a space higher than its normal limit. The swelling moved but very little, if at all, during deep inspiration. The pain came on in paroxysms, and, during them, the tumor became visibly more rounded, but there was no visible peristalsis. All the viscera seemed normal, and the temperature was normal. There was no ascites, no jaundice worth the name, no enlargement of the surface veins.

The post mortem made the same afternoon discovered a cancerous stricture of the hepatic flexure of the colon. This had led to ulceration above it in the ascending colon, and a large fecal abscess had formed in the right hypochondriac and lumbar region. Suppuration had extended from it to the viscera in the neighborhood, and so to the general peritoneum. We also found evidence of old peritonitis, in the form of old adhesions; and these were associated with, and probably due to, old tabes mesenterica, or caseous and now calcareous disease of the mesenteric glands. (Chicago M. J. and Ex., Nov., 1879.)

CASE OF POISONING BY THREE DRACHMS OF PRUSSIC ACID; OPHTHALMOSCOPIC SIGNS OF DEATH.

By A. B. KELLY, L.R.C.P. Ed, M.R.C.S. Eng.

The following case of poisoning by *Prussic acid* will, I think, be of interest on account of the large dose which was taken and the length of time which elapsed before it proved fatal.

At 6 P.M. on Oct. 18th I left the house. A page-boy, aged sixteen, was standing in the hall, apparently well. At 6:30 precisely I returned, and, while in my consulting room with a patient, heard a noise of heavy breathing. I directed inquiries to be made as to the cause of this. At 6:35 I was informed by one of the maid-servants, who had got up on a chair and looked over a partition which divided the lad's bedroom from the hall, that he was pale and foaming at the mouth. I immediately got over the partition and opened the door from within, the latch being one which from the outside opened only with a key. I found him on his back on the bed. He was perfectly insensible; very livid; there was mucus without blood about his mouth; his eyes were open and glassy, and the pupils dilated. The respiration was hurried and stertorous. There were no convulsions; although these are generally a result in poisoning by *Prussic acid*. There was no involuntary passage of feces or urine. The pulse was full and rapid at first, but gradually became weaker. There was no vomiting. On the floor by the bedside

stood a bottle with the stopper replaced. The lad had taken as much as three drachms. Cold affusion and artificial respiration were at once resorted to, and, with the kind assistance of Dr. Buzzard, who arrived shortly after I had entered the bedroom, a magneto-induced current was employed for upward of a quarter of an hour.

The average dose proving fatal is forty minims of the B. P., though recovery has taken place after one drachm has been swallowed. Two to ten minutes are given as the average period of life after two drachms or more, but in this case the lad lived, I should think, some twenty minutes after the poison was taken.

The stertorous breathing observed in this case has not, I think, been hitherto recorded in poisoning by *Prussic acid*. It must be observed that the boy had just had his tea prior to taking the poison. His family history indicated no hereditary insanity or epilepsy. His father and sister are living, and are both healthy. He had been under my observation for one year, and only during the last week of his life had I perceived anything strange about his habits. I have, however, since learned that he had pointed a small pistol at his fellow servants, and had actually discharged a bullet within range of one of them; also that he had placed his head in a jack-towel hanging from a door, which caused him to turn black in the face, and, when remonstrated with, he said, "Oh, it's all right; I'm only larking."

Remarkable facts in relation to the case are, first, the presence of stertorous breathing and absence of convulsions. Stertorous breathing would appear to be exceptional in cases of poisoning by *Prussic acid*, and to indicate profound insensibility. In Palmer's poisoning case at Rugley it was contended that the fact of the deceased having had stertorous breathing was a proof that he had died from apoplexy, and not, as was alleged, from *Prussic acid*. Again, the fact that the lad replaced the stopper in the bottle, and put it on the floor, further indicates that insensibility and physical exhaustion could not have come on as rapidly as they usually do in these cases.

Dr. Buzzard has obliged me with the following note of his observations on the case:

"When I saw the patient, some fifteen minutes after the poison had been taken, he was lying on his back profoundly insensible, the eyes nearly closed, the pupils large and insensitive to light. The body was cool and moist, the muscular system relaxed and free from any convulsive twitchings, the mouth half open, showing the tongue of a dark-red color. The lips were of a purplish tint, and the tips of the fingers livid. There was no pulsation at the wrist, nor could any action of the heart be perceived by auscultation. Dr. Kelly was applying artificial respiration, and when this was discontinued for a minute or two it was noticed that a spontaneous respiratory act took place, and was followed by another after an interval of fifty or sixty seconds. Paralysis of the phrenic nerves was then employed, but without effect; and when several minutes had elapsed without the least trace of automatic respiration, it was concluded that life was extinct. As, however, there had been no sign whatever to mark the moment of transition, I was anxious to satisfy myself that further efforts would be unavailing, and, having an ophthalmoscope with me, I examined one of the eyes, with the following result: The usual brilliant red glow from the choroid was entirely wanting, and its place was occupied by a very pale violet grey tint. The optic disc, of a dull grey-white tone, was very ill-defined. The retinal arteries could be discerned with the greatest difficulty as exceedingly narrow threads. The veins, on the other hand, were easily traced, but appeared to be unevenly and imperfectly charged with blood. The observation was somewhat obstructed by a peculiar broken-up-like condition of the media—whether of the cornea, lens, or vitreous, I could not determine—which gave one the idea of looking through

cooked tapioca. Observations are not yet numerous enough to enable us to say that the ophthalmoscope is always to be absolutely relied upon as a test of death, but as in this instance circumstances combined to prove that life was extinct when the observation was made, a record of the conditions found may be of service."—*London Lancet*.

CROUP AND DIPHTHERIA.

The discussion as to the similarity or non-similarity, pathologically, of membranous croup and diphtheria, grew out of the report of a committee of the ablest men in the profession, appointed, some time ago, to inquire into those important questions. It was held at the sessions of the Medico-Chirurgical Society, and such men as Dr. Johnson, Mr. Parker, Mr. Semple, Sir Wm. Gull, Sir Wm. Jenner, Mr. Jonathan Hutchinson, and Mr. Wilks took part in the discussion upon the report. In the main the illustrious speakers evinced the usual proclivity to "agree to disagree," some showing a marked tendency to do more of the latter than the former. A full report of the remarks made can be found in the *Lancet* of April 26th and May 3d and 17th. There seems to be a growing tendency to admit a close relationship between the two maladies, even by men who have hitherto held valiantly to the belief that they were totally distinct and separate from each other.

The principal element of disagreement came from such men as Mr. Jonathan Hutchinson and Dr. Wilks. The sum of Mr. Hutchinson's remarks are embraced in these inquiries: "Is there any *bona fide* and sound reason for speaking of diphtheria as a specific fever? Is it not much more probable that the diphtheritic false membrane may arise from *ordinary causes of inflammation*, and that it becomes itself contagious?" It had no period of incubation. He was inclined to agree with Sir John Cornack, heading his lectures "croup, a symptom; diphtheria, a disease." This idea of the ordinary origin of diphtheria and its auto-inoculability was moderately acquiesced in by Sir Wm. Gull, a man whose *sans froid* is absolutely inimitable.

The conclusions of the committee were:

1. Membranous inflammation confined to, or chiefly affecting, the larynx and trachea, may arise from a variety of causes, as follows:

(a.)—From diphtheritic contagion.
(b.)—By means of foul water or foul air, or other agents such as are commonly concerned in the generation or transmission of zymotic disease (though whether as mere carriers of disease cannot be determined).

(c.)—As an accompaniment of measles, scarlatina or typhoid, being associated with these diseases independently of any ascertainable exposure to the special diphtheritic infection.

(d.)—It is stated on apparently conclusive evidence, although the committee have not had an opportunity in any instance of examining the membrane in question, that membranous inflammation of the larynx and trachea may be produced by various accidental causes of irritation, the inhalation of hot water or steam, the contact of acid, the presence of a foreign body in the larynx, and a *cold throat*.

2. There is evidence in cases which have fallen under the observation of members of the committee and are mentioned in the tables appended, that membranous affection of the larynx and trachea has shortly followed exposure to cold, but their knowledge of the individual cases is not sufficient to exclude the possible intervention or co-existence of other causes. The majority of cases of croupal symptoms definitely traceable to cold, appear to be of the nature of laryngeal catarrh.

3. Membranous inflammation, chiefly of the larynx and trachea, to which the term "membranous croup" would commonly be applied, may be imparted by an

influence, epidemic or of other sort, which has in other persons produced *pharyngeal diphtheria*.

4. And conversely, a person suffering with the membranous affection chiefly of the air passages, such as would commonly be termed membranous croup, may communicate to another a membranous condition limited to the pharynx and tonsils, which will be commonly regarded as diphtheritic.

The membrane, even when chiefly laryngeal, is more often than not associated with some extent of a similar change in the pharynx or on the tonsils; and whether we have regard to the construction of the membrane, or to the constitutional state, as evinced by the presence of albumen in the urine, it is not practicable to show an absolute line of demarcation (save what depends upon the position of the membrane) between the pharyngeal and laryngeal forms of the disease.

The facts before the committee only warrant them in the view, that when it obviously occurs from a zymotic cause or distinct infection, and primarily affects the pharynx, constitutional depression is more marked, and albuminuria more often and more largely present; though in both conditions some albumen in the urine is more frequently present than absent. The committee suggest that the term *croup* be henceforth used wholly as a clinical definition implying laryngeal obstruction, occurring with febrile symptoms in children. This croup may be membranous or not membranous, due to diphtheria or not so.

The term *diphtheria* is the anatomical definition of a zymotic disease which may or may not be attended with croup. (*Chicago M. J. & Ez.*)

TANACETUM VULGARE IN RHUS POISONING.

By GEORGE ALLEN, A.M., M.D.

Being extremely susceptible to the action of *Rhus tox.*, I have frequently experienced annoying skin symptoms after preparing the lower attenuations of this drug. I have sought earnestly for an effective antidote to the same. In 1878 my attention was called to the *Tanacetum vulgare* (common tansy) by an item in the *U. S. Med. Investigator*. Upon trial I found it to meet the requirements of my case better than anything I had ever used. The first indication of *Rhus* poisoning is a slight itching of the skin. Upon experiencing this symptom I apply to the affected part a tincture of *Tansy*, made from the green plant. A few applications suffice to check the trouble entirely, and no further inconvenience is experienced. Since using the *Tansy* in this way, my susceptibility to poisoning from *Rhus* seems to have been much diminished. I have prescribed the *Tansy*, used as above, for patients suffering from "ivy poisoning," and with uniform good results.

"EARTH TREATMENT OF UTERINE FIBROIDS."—The paper entitled "Earth Treatment of Uterine Fibroids," published in the January number of the *Times*, has elicited so much inquiry, that at your request a brief description is here given.

The earth employed is a yellow clay, which is prepared by first drying, and then crushing and removing every thing which might prevent very fine pulverization. After being thoroughly and finely ground, it is sifted and the resulting powder is ready for use. Of this powder a poultice is made large enough to cover the tumor, and thick enough to make firm and even pressure when it becomes dry and hard, which it does very soon.

This is retained about a week, if it can be borne, without change, and then another is applied. While yellow clay has thus far been employed, it is probable that Fuller's earth or any bolar earth would be equally efficacious.

This same treatment has been found very successful in the treatment of felons. A. P. THROOP, M. D.

The Homœopathic Times.

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"A regular medical education furnishes the only presumptive evidence of professional abilities and acquirements, and ought to be the ONLY ACKNOWLEDGED MEANS of an individual to the exercise and honors of his profession."—Code of Medical Ethics, Amer. Med. Ass., Art. IV., Sec. 1.

PROSPECTIVE.

As the present number concludes Volume Seven of our publication, and the next issue begins a new one, we take the occasion to say to our readers that the management and general plan heretofore followed will still continue.

We hope, however, to make some improvements in both the matter to be presented and in the physical appearance.

The "Retrospect" will, we think, be much improved over the past.

We are always anxious for interesting articles. Short essays, reports of clinical cases, items, etc., will be very thankfully received both by Editors and readers.

This Journal is not the organ of any institution or business-house whatever, and will continue to deal with all questions of interest to the profession from an *independent* stand-point.

As Editors we consider ourselves the servants of the profession, and shall be glad at all times to receive communications upon any subject connected with the publication from each and every one of our readers.

As the publication of the Journal is not for the purpose of making money—every dollar received being expended on its pages—our readers will observe that the increase of its subscription list is of immediate importance to *them*, and we hope and trust that each subscriber will try to send us one or more during the year.

CLUB RATES.

For \$20.00 we will send the Journal to ten different addresses, and at this rate it is the cheapest publication to be had. Send us your clubs.

Our subscribers must also bear in mind that it requires *ready cash*, and in considerable amount, to issue a Journal of our dimensions, and they will greatly aid our efforts by *prompt* remittances.

We have on our books a large amount of arrearages, of which we must again urge the payment.

Subscribers will also confer a favor by indicating to us in writing their wishes in respect to continuance.

YES. NO

Two little words, among the shortest in the English language, and yet the keys of a man's life. Rightly used they unlock the doors of success and open wide the broad avenues of usefulness and honor. They are an index to a man's inner nature, and show the strength of his character, the real nobleness of his heart, his aspirations for a life of usefulness, his determination to fulfill sacredly the duties and obligations of a true and enlightened manhood, or a nature purely selfish, revolving around itself, with no aspirations outside of self, with no thought but for personal comfort, personal convenience, and personal interests. Everyone carries within himself the keys of his future life, aye, the keys which will unlock or close the very gates of heaven. Every man must decide for himself whether his life shall be a noble outgrowth of a strong, honest, unselfish nature, an upward march, with a firm determination to leave none of its sacred duties and obligations unfulfilled, or a drifting along the current of life, only intent on steering itself pleasantly, with no thought of the thousands with which this vast current is thronged, to many of whom a word of caution, a look of kindness, a strong hand held out, would clear away the mists from blinded eyes and save human lives from misery and ruin.

Thoughtless! Oh! the terrible significance of that word. What does it mean? Is it the closing the heart against all sympathy for those around us, lest it may interfere with one's comfort and pleasure? Is it an utter and entire forgetfulness of those reciprocal obligations which we all owe to each other? Is it the enfolding one's self in a mantle so thick as to chill and fetter with icy chains that true manhood, the germ of which is a part of divinity, which God implanted in every living soul? *Thoughtless!* Sometime or other, in this world or the next, God will run his ploughshare under the crust and break it to atoms. But oh! that terrible awakening when a man looks back upon a selfish life in which there has

been no blossoming fruit, no reaching out for the good of humanity, no warm and life-giving currents flowing forth from it to brighten other lives and make glad other hearts.

Commencement day for 1880, with all our medical colleges, has come and gone. The curtain to a new life has risen to hundreds of young men. They stand at the threshold of a career which may be one of honor and prosperity, whose influence for good may extend through all time, or a simple vegetation, a floating along with the current, or an ignominious failure. Pause for a moment before grasping the helm and throwing to the wind your sails, and think over the cardinal principles which should guide you, those principles which are the basis of all success. You will find them in the golden rules of the Great Physician, who formulated in simple language the inspired teachings of all past ages. Remember that your hands have not yet been trained to exercise all their strength, nor your eye all its cunning. There is better work for you to do than to be constantly on the alert to protect your dignity. It is hardly to be expected that God has gifted you with such wonderful genius that, standing on the threshold of a great profession, which has taxed the noblest and life-long energies of some of the strongest and best minds the world has ever seen, you should comprehend at a glance, even before you had scarcely laid aside your swaddling clothes, what they with all their study had often failed to comprehend. Do your duty, your whole duty, honestly, earnestly, with a Christian spirit, and let dignity take care of itself. Miracles, it is true, are sometimes performed, but it is not given to every one to spring from the brain of Jove in full mental and physical stature. Greatness is of slow growth, but it comes with honest, unselfish work. Learn how to say *yes* and *no*, for these words are the index of character and the keys to success. Yes! to everything which points to a higher life, which looks to a broader usefulness and a more extended knowledge of truth. No! to everything which tempts you from truth, which panders to vice, which would turn you away from those golden principles which should be the guide of every gentleman.

IS THE ORIGINATING POISON IN SCARLATINA, PUERPERAL FEVER, TYPHOID, DIPHTHERIA, AND ERYSIPELAS THE SAME?

This question was recently discussed in the *Obstetrical Journal* with marked ability. The opinions of some of the leading scientists and specialists were quoted at length, and the opinion was that in all these diseases the originating poison was the same. Dr. Churchill, in his work on Diseases of Women, says: "We find that the same seasons give rise to

erysipelas, typhus, and typhoid fevers, scarlatina and puerperal fever; that they prevail epidemically at the same time, and, as an epidemic, take on the same type, and appear capable the one of giving rise to the other, or of co-existing in the same patient. Further, that the symptoms of certain forms, at least of puerperal fever, are similar to those which occur after great surgical operations, and that the secondary lesions are similar. In erysipelas, typhus fever, and the secondary fever after operations, there can be but little doubt of the depraved condition of the blood, and it is highly probable that their low typhoid character is owing to this blood poisoning. The conclusion is inevitable that the peculiar character and malignancy of certain epidemics of puerperal fever also depend upon a morbid condition of the blood, however produced, in addition to the local disease."

Dr. Holland, in the *British Medical Journal* for February, 1879, relates the breaking out of scarlatina in a large school, a single pupil only being ill. In two weeks the pupils fell ill in rapid succession to the number of twenty-five. The invalids presented every conceivable variety of diphtheria and scarlatina, with and without rash. The varieties presented such a progressive fusion in their protean combinations that he regarded the diseased states as modifications of one, and the evolution of a similar germ in dissimilar pabulum.

In our own experience diphtheria, scarlatina, and typhoid fever have prevailed in the same family at the same time, apparently originating from the same poison. In many cases we have seen diphtheria follow scarlatina, one almost imperceptibly following the other. In both diseases the sequel is often the same. The same breaking down of tissues, nephritic desquamation, albuminuria, and dropsy, show a like blood poisoning, whatever the previous symptoms may have been. The evidence of poison being carried from a scarlatina or diphtheritic patient to a woman in labor, inducing in her puerperal fever, is so strong that we always refuse attendance upon labor cases if at the same time we are in attendance upon scarlet fever patients. The idea is so frightful that the physician, who should be a minister of healing, carries with him in his garments or upon his hands, to the confiding patient, seeds of suffering and death, that he cannot be too cautious.

STATE SOCIETY MEETING.

The annual meeting of the Society which was held in Albany a few days since, turned out one of the most interesting and best attended of any in the history of the organization. The wisest counsels prevailed on the occasion, and the rocks and quicksands which appeared in the distance were triumphantly avoided.

In the discussion which preceded the expunging from the records of the so-called "Fowler resolution"—which was adopted in 1878—remarks were made which placed their authors in anything but an enviable light before the world. One member asserted that we *must have a creed*, and in the same breath insisted that we were still independent and could practice as we pleased—in other words, subscribe to a dogma with the intention of violating it—while others of a small minority argued as of old, as if there were nothing else in existence but the "law of similars," and attempted to coerce the majority into their restricted view of it.

The resolution, however, was expunged without a dissenting voice, because the committee having the matter in charge reported a better, which was adopted in its place.

We understand that the original movers of the resolution are satisfied with the position of affairs, for the change of sentiment which has been wrought by its dissemination cannot be expunged, and they claim that this is wide-spread and increasing.

There can be no doubt that this movement has caused much thought on the part of many, and we are not of those who are afraid to look the truth squarely in the face, and consider any proposition whatever; for the subject that will not bear the fullest investigation and discussion deserves to perish, as it certainly will ere long.

It is amusing to read the theoretical views of many who would define the practice to be adopted by our school! Much of it is from inexperienced hands, and all of these wonder that the world does not revolve around their little sphere!

The report of the committee on the "Milwaukee Test," although it contained matter not pertinent to the subject, was by vote refused to be received, and the committee was discharged—a discourtesy unworthy any scientific body.

It would have done no harm to have courteously received the report, and then refused to adopt it.

It is such ungentlemanly conduct as this which disgusts the more decent members of our societies, and increases the feeling that these meetings are only for the purpose of venting spite, or for the airing of the peculiar notions of individuals.

We ought to be willing to listen respectfully to the views of any one, no matter how different from our own, and then adopt them or not, as the conscience of each shall dictate.

There can be no doubt that our school is passing through a critical period, and although we are not at all alarmed as to the future—for truth is sure to prevail, and the fittest to survive—much remains to be done, and that wisely, if we still continue the organization which has thus far done so much to promote the interests of our cause.

BIBLIOGRAPHICAL.

AN ELEMENTARY TEXT-BOOK OF MATERIA MEDICA, CHARACTERISTIC, ANALYTICAL AND COMPARATIVE. By A. C. Cowperthwait, M. D., Ph. D. Chicago. Duncan Brothers, 1880.

Dr. Cowperthwait is professor of Materia Medica in the Homœopathic Medical Department of the University of Iowa, and the work here presented is, we suppose, a careful resumé of his lectures before his class, and contains a brief but clear and concise discussion of one hundred and forty-four of the most important drugs of our Materia Medica. The plan of the work is excellent. He first gives the action of each drug from a physiological standpoint. This prepares the student for a detailed study of the special action of the drug as afforded by its pathogenesis. It places the key of the general action of the drug in his hands, and enables him to study out its fine shadings and strong points with tolerable ease and great certainty. A study of drugs from a physiological standpoint is, in our estimation, absolutely essential to a proper understanding of their action. Without this guide the student, and even the skilled practitioner, will often find himself wandering through a maze of symptoms without any clear conception of their meaning. The Materia Medica of the future—that which will stand the test of the closest scrutiny from scientific thinkers of all schools, around which all will rally—will be one in which the action of a drug shall be given from a physiological standpoint, from clinical experience, and from a careful detail of characteristic symptoms. A drug studied from all sides of this trinity will hardly fail of rewarding the inquirer with an intelligent picture of its action. This is the plan which the author has followed. It resembles somewhat that of Prof. Hempel's *Materia Medica*, but the working out has of necessity been more concise, to suit the wants of the student. We have not looked for faults in the work, for the merits have been so conspicuous as to deserve our most decided commendation.

A SYSTEM OF MEDICINE. Edited by J. Russel Reynolds, M. D., F. R. S., with numerous additions and illustrations by Henry Hartshorn, A. M., M. D. Vol. II. E. R. Pelton, 25 Bond Street, New York, agent for Henry C. Lea, Philadelphia.

The first volume of this magnificent work on Theory and Practice was noticed in the February issue of the TIMES, and the third and last will probably be in the hands of the public in March. The second volume gives us Diseases of the Respiratory and Circulatory Systems. The subjects are treated with that wealth of scientific research and practical knowledge we should expect from such men as Mackenzie, Jenner, Salter, Hughes Bennett, Wilson Fox, Bastin, Hewitt, Roberts, Anstie, Gibson, and Gowers, each of whom has brought the lifetime researches and experience in their specialty to enrich this great work. The English edition is already in the libraries of most of the older practitioners, and the American edition we are sure will be eagerly purchased by the young physician just starting in his profession.

PHYSICAL TREATMENT.—Among the most useful specialists are those who devote themselves to manipulations connected with the careful application of electricity. They occupy a most important place in connection with the general treatment of the family physician, producing results which cannot be reached by any form of drug medication. Mrs. Maycrink and her son are so well and favorably known that we feel in recommending them we are only endorsing the general professional verdict of approval.

FINAL REPORT ON THE MILWAUKEE TEST OF THE THIRTIETH DILUTION.

The Milwaukee Academy of Medicine, in completing the pathogenetic and therapeutic test of the thirtieth Hahnemannian dilution, makes the following report:

That the unavoidable delay in making the report was due to the removal of the depository, Rev. G. T. Ladd, from this city to Brunswick, Me.; to his absence from home, caused by the illness and death of his father; and to the tardiness of the reports from the experimenters.

That, in carrying out the provisions of the test, we have adhered strictly to the details of the plan for a scientific test of the pathogenetic and therapeutic action of the thirtieth Hahnemannian dilution, full particulars of which were published in the circular issued by this society in December, 1878. The object of the test, and the *modus operandi* were announced as follows:

* * * "The object of this test is to determine whether or not this preparation can produce any medicinal action on the human organism, in health or disease."

"A vial of pure sugar pellets, moistened with the thirtieth Hahnemannian dilution of *Aconite*, and nine similar vials, moistened with pure *Alcohol*, so as to make them resemble the test pellets, shall be given to the prover. The vials are to be numbered 1, 2, 3, 4, 5, 6, 7, 8, 9, 10. The number given to the *Aconite* vial shall be unknown to the prover, and it shall be his task to determine which of the ten vials contains *Aconite*."

"These preparations are to be put up with the greatest care, in the presence of the members of the Milwaukee Academy of Medicine, and then placed in the hands of an unprejudiced layman of unimpeachable honor, who shall number and dispense the vials as they are called for by the provers."

"The provers must be physicians of acknowledged ability, who possess a good knowledge of the recorded symptomatology of *Aconite*, and who have faith in the efficacy of the thirtieth dilution."

* * * "Preparations of *Arsenicum album*, *Aurum metallicum*, *Carbo vegetabilis*, *Natrium muriaticum*, and *Sulphur*, in the thirtieth Hahnemannian dilution, made with the same precautions and care as this of *Aconite*, shall be used as a test of the therapeutic powers of the thirtieth dilutions. In consideration of the inconvenience of experimenting on the sick, arising from popular prejudices, the number of vials of 'unmedicated' pellets may be limited to one for each remedy, and the experiments tried mostly in chronic diseases. The real gain to the healing art which will be accomplished by the establishment of the truth or falsity of the theory of 'potentization' will amply compensate for the risk of delaying a few cures."

"The experimenters must be physicians of acknowledged ability, who possess a good knowledge of the therapeutic indications of the remedies tried, and who profess faith in the efficacy of the thirtieth dilution." * * *

The committee appointed by the Milwaukee Academy of Medicine, for the purpose of making arrangements to prepare a scientific test of the efficacy of the thirtieth Hahnemannian dilutions, reported as follows:

MR. PRESIDENT: Your committee have carefully considered the plan proposed in Dr. Lewis Sherman's paper, for testing the efficacy of the thirtieth Hahnemannian dilution, and we are unanimously of the opinion that the test proposed in that paper is fair and honorable, and that the interests of science demand that it should be made.

We recommend:

That our society undertake to carry out the provisions of this test, and that to this end the essential features and the practical details of the test be given for publication as soon as practicable to every regular homœopathic peri-

odical printed in the English language; and that translations of the same be sent to every known regular homœopathic periodical printed in foreign languages; and that all other appropriate and accessible means be employed to give the test publicity.

That the directions given by Hahnemann for the preparation of the thirtieth dilution be followed with the most scrupulous exactness; that the *Alcohol* used be of the purest quality obtainable, and that to this end a quantity of the best so-called "Homœopathic Alcohol" be re-distilled in glass for the purposes of this test.

That the Rev. Geo. T. Ladd, of Milwaukee, be selected to number and dispense the vials of test pellets as they are called for by the provers and experimenters; and that he give a solemn pledge that he will not, in any manner, reveal to any person which of the preparations coming from his hands have been medicated with the thirtieth dilution, until he shall have been called upon to do so by this society, and that he will use every means in his power to preserve the purity of the materials entrusted to his care, and to make the test fair and honorable.

That all provers and experimenters be required to send their reports to the secretary, Dr. Albert Schlemmich, before the first day of December, 1879; and that the result be published in full about the first of January, 1880.

And finally, that this society appropriate a sufficient sum of money to defray the expenses of furnishing and delivering the test pellets of *Aconite* to one hundred provers, these being selected from the first who apply, and that the other provers and experimenters be required to pay in advance to the secretary of the society the sum of thirty cents for each set of test pellets sent them.

MILWAUKEE, Dec. 3, 1878.

EUGENE F. STORKE, M.D.,
ROBERT MARTIN, M.D.,
E. M. ROSENKRANS, M.D.,
JULIA FORD, M.D.,
ALBERT SCHLEMMICH, M.D.,
G. C. McDERMOTT, M.D.,
O. W. CARLSON, M.D.

The society unanimously adopted the report, and has used every possible means to give the test publicity.

We would further report—

That the medicines used in making the dilutions for the therapeutic test were obtained from the pharmacy of Messrs. Boericke & Tafel, and the *Aconite* tincture was tested by several members of this society, and found to produce its pathogenetic effects.

That the dilutions were made by this society in accordance with the Hahnemannian directions for the preparation of the thirtieth dilution.

That at a regular meeting of the society, held April 1st, 1879, the following resolution was unanimously adopted:

Upon application by any professor in a medical college, or any other public advocate of the high potencies, the Academy will prepare and furnish the thirtieth Hahnemannian dilution of any remedy in common use, for the purpose and in accordance with the terms heretofore published in the pamphlet entitled "A Test of the Thirtieth Dilution."

That in accordance with various requests of the provers, we have prepared, in addition to the dilutions mentioned in the pamphlet, pathogenetic tests of *Nux vomica*, *Belladonna*, and *Arsenicum album*, and therapeutic tests of *Sulphur* and *Digitalis*.

That the bottles containing the thirtieth dilutions, thus prepared, together with a bottle of the alcohol used in their preparation, were given directly into the custody of the depository.

That he was also supplied with pure sugar pellets, vials, and mailing boxes, and that he was requested to medicate the pellets, and dispense them according to orders which he might receive from the secretary.

That the applications for the test cases were given directly to the depository as soon after their receipt as possible; that all cases given out were sent by him in response to applications received by this society from the provers; and that in answer to our request we received from him a thoroughly sealed envelope containing the subjoined report:

BOWDOIN COLLEGE, BRUNSWICK, ME.,
January 20, 1880.

To the Milwaukee Academy of Medicine:

GENTLEMEN—The report which is herewith submitted to you I beg leave to preface with the following statements: The work which you did me the honor to intrust to me has been most carefully and scrupulously done; the record has been accurately kept, and secluded from all eyes but my own.

Great pains have been taken to exclude entirely the possibility of guessing the medicated vials, instead of discovering them by scientific experiment.

Nothing has been permitted to indicate a difference in the vials tested, or to make it possible for any experimenter to detect in any way the reasons for choosing one number rather than another, of all the vials numbered to contain the medicated pellets.

So far as the test has been made, it has been made under the fairest conditions possible for me to secure.

With these remarks I invite your attention to the appended itemized statement of the tests sent, the time of sending, the persons to whom sent, and the numbers in each test of the medicated vials.

These, gentlemen, are all the vials sent out by me, in accordance with the instructions received from your committee.

I am very respectfully yours,

GEORGE T. LADD,

Professor of Mental and Moral Philosophy.

In the tabular statement the number of the medicated vial in the cases not tested or not reported has been withheld by the society for obvious reasons. The last column, giving the report of the experimenter, has been added to make the report complete.

Date.	Number of case.	Name of Experimenter.	Residence of Experimenter.	Test.	No. of Tests.	No. of Med. vial	Report of Experimenter.
1879.							
Jan. 13.	1	Dr. J. W. Thompson...	Greenfield, Mass.	Path.	1		No report.
	2	Prof. C. B. Gatchell...	Ann Arbor, Mich.	Ther.	5		No report.
Feb. 26.	3	Dr. H. L. Waldo...	West Troy, N. Y.	Path.	1		No report.
"	4	Dr. W. S. Gillett...	Fox Lake, Wis.	Ther.	5		No report.
"	5	Dr. E. Lippincott...	Bowling Green, Ky.	h.	1		No report.
Mch. 1.	6	Dr. W. H. Blakely...	"	"	1	10	Number 5.
M'ch 31	7	Dr. W. B. Frites...	Manayunk, Pa.	"	1		No report.
"	8	Dr. G. R. Mitchell...	Richland Center, Wis.	"	1	2	Number 4.
"	9	Dr. C. R. Muzsey...	Watertown, Wis.	"	1	7	Number 1.
"	10	Dr. A. W. Woodward...	Chicago, Ill.	"	1	1	Number 2.
"	11	Dr. J. H. Thompson...	New York, N. Y.	"	1		No symptom.
"	12	Dr. N. S. Pennoyer...	Kenosha, Wis.	"	1	10	Number 4.
June 18.	13	"	"	Ther*	1		No report.
M'ch 31	14, 15	Dr. C. H. Hall...	Madison, Wis.	Path.	2		No report.
May 5.	16	Dr. M. A. Reis...	Milwaukee, Wis.	"	1	2	Number 10.
"	17	Dr. O. W. Smith...	Union Springs, N. Y.	"	1		No report.
"	18	"	"	Ther.	5		No report.
"	19	Prof. A. Uhlemeyer...	St. Louis, Mo.	Path.	1	3	Number 3.
"	20	"	"	Ther.	5	Ars. 1	Arsenicum 1.
"	21	Dr. W. F. Morgan...	Leavenworth, Kan.	Path.	1		No symptoms.
"	22	"	"	Ther.	5		No report.
"	23	Dr. O. S. Childs...	Beaver Dam, Wis.	"	5		No report.
June 18.	24	Dr. Colleson...	St. Louis, Mo.	Path.	1		No report.
"	25	"	"	Ther.	5		No report.
"	26	Dr. Wm. Eggert...	Indianapolis, Ind.	Path.	1		No report.
June 27.	27	Dr. Petrus Nelson...	Minneapolis, Minn.	Ther.	5		No report.
July 25.	28, 29	Dr. H. A. Foster...	Buffalo, N. Y.	Path.	2		No report.
July 28.	30	Dr. T. L. Brown...	Binghamton, N. Y.	"	1		No report.
"	31	Dr. E. C. Morrill...	Norwalk, O.	"	1		No report.
"	32	Dr. C. Mohr...	Philadelphia, Pa.	"	1		No report.
"	33, 34	Dr. W. M. Butler...	Middletown, N. Y.	Ther.	2		No report.
"	35-39	Dr. L. A. Campbell...	Attleboro, Mass.	"	5		No report.
"	40	Dr. J. A. Pearsall...	Saratoga Springs, N. Y.	Path.	1		No report.
"	41	Dr. T. A. Martin...	Delavan, Wis.	"	1		No report.

* Five vials, one containing Arsen. 30A.

NOTE.—Besides the above, an application was received from Dr. Adams, of Toronto, Canada, for *Lyc.* 80 in a ten-vial test. The material was prepared at a special meeting of the Academy, and sent by express to Prof. Ladd. Dr. Adams' name not appearing in Prof. Ladd's report, we infer that the package did not reach him after his removal from this city.

RECAPITULATION.

TEN-VIAL, OR PATHOGENETIC TEST.	
Number of tests applied for and sent out.....	25
" " which have been reported on.....	9
" " in which the medicated vial was found.....	0
TWO-VIAL, OR THERAPEUTIC TEST.	
Number of tests applied for and sent out.....	47
" " which have been reported on.....	1
" " in which the medicated vial was found.....	1

FIVE-VIAL TEST OF DR. PENNOYER.

Number of tests applied for and sent out.....	1
" " which have been reported on.....	0
" " in which the medicated vial was found.....	0

The thanks of this society are due to Professor Geo. T. Ladd, of Bowdoin College, Maine, for his disinterested work in the interests of medical science; to the *Hahnemannian Monthly*, the *St. Louis Clinical Review*, and the *U. S. Medical Investigator* for publishing the plan of the test; and, above all, to the persons who have magnanimously taken part in the experiment.

By order of the Milwaukee Academy of Medicine.

SAM'L POTTER, M.D., President.

EUGENE F. STORKE, M.D., Secretary.

MILWAUKEE, WISCONSIN, February 16, 1880.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

The Twenty-Ninth Annual Meeting of the Homœopathic Medical Society of the State of New York was held Tuesday and Wednesday, February 10th & 11th, 1880, at the Geological Hall, Albany. President Asa S. Couch, M. D., in the chair.

The proceedings were opened with prayer by the Rev. A. J. Upson, D. D., at the close of which the President said he regretted the interruption which had taken place in the arrangements for the room in which to hold the annual meeting, in consequence of the fire at the City Hall, and suggested that, inasmuch as some of their time had been taken from them by that misfortune, the discussions of the Society be brief and pointed, and that in all business the members would show that due diligence which would enable them to get through in the usual time.

APPOINTMENT OF COMMITTEES.

The President then appointed the following committees:

Auditing: Drs. S. P. Burdick, A. R. Wright, O. Groom.

Credentials: Drs. N. Osborne, W. W. Blackman.

Invitations: Drs. H. M. Paine, Albany; W. H. Barnes, Chatham.

President's Address: Drs. S. H. Talcott, Middletown; W. M. L. Fiske, Brooklyn; F. Parke Lewis, Buffalo.

The Secretary then read the minutes of the last annual meeting.

Dr. Coburn said the names of Drs. Squires, Biegler and Osborne had been omitted in the list of members, as read in the minutes.

Dr. Wildes—I think Dr. Coburn errs in having the name of Dr. Squires printed, not that I wish to do him any injustice, but the matter was brought up two years ago, and it appeared then that he was not recommended from his society.

Dr. Coburn—Dr. Squires was elected a member of the society last year, and his name does not appear.

Dr. Hills—I do not remember all the circumstances about Dr. Squires, but it seems to me his name came in an irregular way. It appears to me Dr. Doane made a statement that he was not properly nominated.

Dr. Wildes—Dr. Miller was the first to state the facts, and it appeared his name was not properly before the society.

Dr. Doane—I had the honor myself to present the name of my lamented friend Dr. Squires, at the last year's meeting, and I recollect there was something said about his having been omitted the previous year, and at my suggestion and motion at the last year's meeting he was made a member of the State Society. I am very certain of it, as I made the motion myself.

Dr. Hills—His name did not come in the regular way, and we cannot elect him in any other way without a violation of the constitution.

The President—The objection is good and the chair sustains it, and I don't see how it can be remedied at this time. We must elect members according to the constitution.

Dr. Doane—The minutes of the County Society will show that Dr. Squires was delegated by the society to attend the State Society, and that he came here in the regular way.

The President—If the facts are as stated by Dr. Doane, the point taken by the chair is wrong.

Dr. Wildes—I distinctly remember that the question was brought up at the time, and I think Dr. Doane errs in his recollection. I am sure our minutes don't show he was elected.

Dr. Coburn—I will withdraw my motion to amend the minutes by inserting the three names, and take them up singly. I move that the society decide the matter of the election of Dr. E. B. Squires, of Syracuse, as a member of this society.

Dr. Hills—I don't see how it can be done without copy of the minutes of the County Society; I don't see how we can do it constitutionally without this. I have not the slightest objection to the election of Dr. Squires, but on the contrary I will vote for him, but we must do it constitutionally.

Dr. Waldo—I move that the matter be referred to a committee of three to decide.

The motion being seconded, was adopted.

Dr. Coburn—I now move to correct the minutes by inserting that Dr. Biegler, of Rochester, and Dr. N. Osborne, of Buffalo, were elected members of the society Adopted.

The minutes as amended were adopted.

The Secretary then read the minutes of the semi-annual meeting, which were approved.

REPORT OF THE TREASURER.

Dr. Coburn—It is with pleasure that I announce the Homœopathic Medical Society of the State of New York to be out of debt; it owes no man a dollar, but on the contrary, many are due it. Much has been done during the year by the society for the advancement of Homœopathy, which appears on the expense account. The annual report has been issued and compares favorably with its predecessor. We have been enabled to pay our expenses, and pay off the old debts. The report of receipts and disbursements is as follows:

TRIO, N. Y., Feb. 10, 1880.

Edward S. Coburn, Treasurer, in account with the Homœopathic Medical Society of the State of New York.

Dr.	
To balance in Treasury.....	\$ 93 90
" Cash from Certificates of Membership.....	11.00
" " Permanent Membership.....	344.0
" " County Societies.....	315 0
" " Sale of Books.....	324.3
Total.....	\$1,088.25

Cr.	
By Janitor.....	\$ 10.00
" Stenographer, Albany.....	22.00
" Stenographer, Rochester.....	26.48
" Recording Secretary's Salary.....	250.00
" Weed, Parsons & Co.....	101.50
" C. Van Benthuyzen & Sons, printing vol. 1879.....	238.50
" Corresponding Secretary's bill, postage, etc.	3.79
" Recording Secretary's bill, postage, printing, stationery, etc.....	89.09
" Bills as per vouchers.....	246.81
" Appropriation to Dr. Hills.....	45.00
Total.....	\$1,033.17

Balance in Treasury.....	\$55.08
Assets due from Permanent Members and County Societies.....	\$720.00

Professor Burdick, from the auditing committee, reported that they had examined the treasurer's accounts and found them correct, and the report was accepted.

REPORT OF CORRESPONDING SECRETARY.

Your Corresponding Secretary, in accordance with Section Four of the By-Laws, would respectfully lay before you in his annual report, the correspondence of his office, in behalf of the society. Your worthy President, in a communication, dated May 1st, 1879, directed the Corresponding Secretary to "ascertain the time and place of meeting of the several State societies, to whom we accredit delegates, and then notify the chairman (at least) of our delegation and inform him that properly prepared credentials for the entire delegation will be forwarded to the officers of the society to which they are appointed." "See that such credentials are prepared and forwarded."

"In corresponding with sister societies, as will be

necessary under this request, please tender and write reciprocal courtesies and good will."

I immediately endeavored to carry out the request of the president, and as soon as possible ascertain the time and place of the meetings of the several societies. I found that some of these societies had already held their meetings for the year, but so far as possible I brought the attention of the different delegations to the meetings still to be held, sending them at the same time duplicates of credentials forwarded, and informing them that a report should be made in any event. I am unable to say what the result of this correspondence may have been, so far as the delegates were concerned, for comparatively few ever replied to the letters. I have yet to learn of a delegate, or perhaps there is one, who has attended the meetings of the society to which he was accredited. If this is the interest that delegates generally take in the performance of this trust, I would suggest, that if we are to establish and maintain fraternal relations with our sister societies we will have to accomplish it in some other way. Is there any use in this array of names without a result?

The Homoeopathic Medical Society of the State of Pennsylvania provides in its by-laws, section nine, that "The Secretary shall solicit an exchange of publications with other State societies, and report annually their condition and prospects." Would it not be well for us to show our interest in our sister societies in this way, in place of publishing their names only, with a list of delegates who never attend their meetings. In corresponding with the officers of the societies to which we have accredited delegates, I have received numerous letters, expressing good will, and some reports, which I will speak of when referring to the different societies. First in the list is our National Association, the *American Institute of Homoeopathy*, whose session was held at Lake George, in this State, and was undoubtedly attended by a goodly number of the members of this society. The delegation may report to us before the session is over, and therefore it will not be necessary for me to say anything in regard to the session.

Connecticut Homoeopathic Medical Society. The annual meeting of this society was held at Hartford, on the third Tuesday in May, and the semi-annual meeting at Dr. Foot's house, Stamford, Conn., on Tuesday, October 14th, 1879. Dr. S. M. Griffin, one of the delegates, was present and elected an active member, as he had moved into the State. H. M. Bishop, M. D., of Norwich, Conn., is Recording Secretary.

Illinois Homoeopathic Medical Association. The twenty-fifth annual session of this association was held at Freeport, Ill., May 20th and 21st, 1879, and from the programme and reports should judge that they had an interesting and profitable session. The Ogle County Medical Society (Allopathic) appointed delegates to attend the meeting, who were cordially received. T. C. Duncan, M. D., of 133 S. Clark Street, Chicago, is Secretary.

Indiana Institute of Homoeopathy. The thirteenth annual session of this society was held at Indianapolis, Indiana, on Wednesday and Thursday, April 30th and May 1st, 1879. From reports furnished your Secretary, I see there were twenty-six physicians present at the meeting, among whom I see the names of Prof. J. C. Sanders, of Cleveland, Ohio, Prof. T. P. Wilson, of Cincinnati, Ohio, Prof. A. C. Copertwaite, of the University of Iowa, and Dr. W. L. Breyfogle, of Louisville, Ky. The meeting seemed to have been a very interesting one, with a fair supply of papers on professional subjects for consideration. We note, among others, those upon the following subjects: "The Materia Medica, Generally and Specifically Considered," "Characteristics or Key Notes," "Psychological Treatment of Disease," "Alveolar Abscess," "Therapeutics of Rheumatism," "Membranous Croup: its Pathology and Treatment," "Ten Surgical Cases; Success, Mishaps and what they Practically Teach," "Fractures and their Treatment," "Hemorrhage between the Retina and Choroid," "Disease of the Iris," "Yellow Fever," "Scarlet

Fever," "Swill Milk," "Climacteric Congestion," "Hysteria," "The Use of the Forceps," and "Retained Placenta," which will readily show the range of subjects considered by the convention.

The following Officers were duly elected: President, W. H. Taylor, M. D., of Crawfordsville; First Vice-President, A. C. Jones, M. D., Connersville; Second Vice-President, C. S. Fahnestock, M. D., of Laporte; Secretary, M. T. Runnels, M. D., of Indianapolis; Treasurer, J. R. Haynes, M. D., Indianapolis.

The *Hahnemann Medical Association of Iowa.* The tenth annual session of this association was held at Cedar Rapids, on May 14th and 15th, 1879. There seemed to be about twenty-five physicians present, among whom was Prof. T. S. Hoyne, of Chicago, Ill. From the President's address we learn that Homoeopathy was never in a more flourishing condition, "as evinced by written statements of physicians in answer to questions upon the status of Homoeopathy." He also spoke of the flourishing condition of the Homoeopathic Department of the State University. The Legislative Committee urged upon the attention of the society the necessity of "substantial and acceptable Legislation," with reference to the "regulation of medical practice and to the formation of a Board of Health for the State." Papers on the following subjects were read and considered by the association, viz.: "Santonine," "Differentiation of Nux Vomica and Bryonia," "A few Thoughts on the Scientific Relations of our Materia Medica," "Fragmentary Thoughts on Materia Medica," "Ledum Palustre in Hemorrhagia," "Report of Cases," "Report on Diphtheria as it Appeared in Cedar Rapids in 1878," "Clinical Observations," "Hæmatemesis During Pregnancy," "On Talipes," "On Fractures," "On the Treatment of Wounds," "On Burns," "Medical Education," "On the Preventable Causes of Disease," and "Granular Ophthalmia."

The following Officers were duly elected: President, H. P. Button, M. D., Iowa City; Vice-President, D. R. Hindman, M. D., Marion; Secretary, E. A. Guilbert, M. D., Dubuque; Treasurer, W. T. Virgin, M. D., Burlington.

Kansas and Missouri Valley Homoeopathic Medical Association. The annual meeting of this society was held at St. Joseph, Missouri, May 7th and 8th, 1879. The meeting was not large, some eighteen or twenty members present, as many of the Missouri members were compelled to attend the joint meeting of the Western Academy of Homoeopathy, and Missouri Institute, held at St. Louis at the same time. From the partial report of the first day, I should judge the meeting was a success. There seemed to be quite a discussion over the legality of the change of the name of the society, from the "Homoeopathic Medical Society of the State of Kansas," to the name heretofore given. The society seemed to have been incorporated by the Legislature of Kansas, and the question foremost was its compliance with the new medical law.

The following were duly elected Officers: President, Dr. V. W. Sunderland; Vice-President, Dr. W. F. Morgan, of Leavenworth, Kansas; Secretary, Dr. J. H. Moseley, of Olathe, Kansas; Treasurer, Dr. Richard Huson, of Lawrence, Kansas. The Treasurer-elect, Dr. Huson, was an old resident and practitioner of Homoeopathy at Dundee, in this State, and took part in the organization of one of the first Homoeopathic Societies of the State, the Union Homoeopathic Medical Academy of the State of New York, which was organized and incorporated under general law, October 28th, 1852, with the Doctor as its first president.

Maine Homoeopathic Medical Society. The annual session was held at Augusta, Me., on the first Tuesday in June, 1879. I have received no report.

Massachusetts Homoeopathic Medical Society. The annual meeting of this society was held at Boston, April 9th, 1879. No report of the meeting was received.

Michigan Homoeopathic Medical Society. The annual meeting was held in the City of Detroit, Michigan, on

Tuesday, May 21st, 1879. There was no report received.

Minnesota State Homoeopathic Institute. The thirteenth annual meeting of this society was held at Minneapolis, Minn., May 20th and 21st, 1879. No extended report was received. The following officers were elected: President, A. E. Higbee, M. D., of Minneapolis; Recording Secretary, G. H. Howes, M. D., of Hastings; Corresponding Secretary, H. C. Leonard, M. D., of Henderson.

Missouri Institute of Homoeopathy. The annual meeting was to have been held at Hannibal, Missouri, on the first Wednesday of November, 1879, but we understand it was postponed until spring. No report.

New Hampshire Homoeopathic Medical Society. The twenty-sixth annual meeting of the society was held in Concord, N. H., on Wednesday, June 18th, 1879. No report of the meeting has been received.

New Jersey Homoeopathic Medical Society. The annual meeting of this society was held in May, 1879, at which the following officers were elected: President, W. S. Kimball, M. D., of Eatontown; First Vice-President, H. H. Hollister, M. D., of Rutherford Park; Second Vice-President, W. J. Andrews, M. D., of Newark; Third Vice-President, Chas. A. Church, M. D., Passaic; Recording Secretary, W. McGeorge, M. D., of Woodbury; Corresponding Secretary, E. J. Howe, M. D., of Newark; and Treasurer, G. W. Bailey, M. D., of Elizabeth. No extended report was received. The next meeting will be held at Newark, May 4th, 1880.

Homoeopathic Medical Society of Ohio. The annual meeting was held at Cleveland, Ohio, May 13th and 14th, 1879. No report was received.

Homoeopathic Medical Society of the State of Pennsylvania. The fifteenth annual session of this society was held at Cresson Springs, Pa., September 2nd and 3rd, 1879. The President, Dr. L. H. Willard, of Allegheny City, delivered the annual address, which was by request of the society, a *resumé* of improvements in medicine, surgery, etc., during the preceding year. There seemed to be quite a small attendance, about twenty-one physicians. The following papers were read, showing the professional subjects considered by the society, viz.: "The Materia Medica; the Present Status and Dangers," "Our Materia Medica; How to read it and How to Utilize it," "Apis and Podophyllum compared in Infantile Diarrhoea," "A Case of Uterine Tumor," "Congestive Dysmenorrhoea," "Rigid Os Uteri as a Cause of Tedious Labor," "Fragaria Versa in Agalaxia," "A Case of Hepatic Abscess, with Operation," "Chronic Nasal Catarrh," "Eczema Auris," "Rare Sympathetic Ophthalmia," "Ossification of the Ocular Choroid," "Air in Health and Disease," "Hypertrophy and Eburnation of the Femur," "Caries of the Tarsal Bones," "Principles of Orthopraxy," "Report of the Committee on Yellow Fever," and the Necrologist made a report on the death of William Harvey Cook, M. D., of Carlisle, Pa. The following Officers were elected: President, J. K. Lee, M. D., of Philadelphia; First Vice-President, H. Detwiller, M. D., of Easton; Second Vice-President, J. Wesley Allen, M. D., of Altoona; Recording Secretary, Z. T. Miller, M. D., of Pittsburgh; Corresponding Secretary, R. E. Caruthers, M. D., of Allegheny City; Treasurer, J. F. Cooper, M. D., of Allegheny City; Necrologist, W. R. Childs, M. D., of Pittsburgh; Censors, R. J. McClatchey, M. D., of Philadelphia, J. S. Rankin, M. D., of Pittsburgh, and L. H. McLelland, M. D., of Pittsburgh. The society adjourned to meet at Easton, in September, 1880. The Corresponding Secretary requested in compliance with their By-Laws, "An exchange of publications."

Rhode Island Homoeopathic Society. The meetings of this society occur on the Friday evenings nearest the first full moon in January, April, July, and October. That in January being the annual meeting, and the place of meeting is Providence, unless otherwise ordered. No report. Geo. B. Peck, Jr., M. D., of Providence, R. I., is Secretary.

Vermont Homoeopathic Medical Society. The twenty-

ninth annual meeting of this society was held in the State House, Montpelier, Vermont, on Tuesday and Wednesday, June 10th and 11th, 1879. No report of the meeting was received.

Homoeopathic Medical Society of the State of Wisconsin.

The fifteenth annual meeting of this society was held at Oshkosh, Wis., on Wednesday and Thursday, June 11th and 12th, 1879. No report was received.

This is in substance what I have received in answer to the letters written as directed. I would most respectfully recommend that we establish and maintain fraternal relations with our sister State societies by an interchange of transactions, and that it be made the duty of the Corresponding Secretary to make from the transactions received, a condensed report to be presented at the annual meeting of our society. It was the universal expression of all the officers of sister societies, that such fraternal relations should be established and maintained between the societies. I judge from what I can learn that other societies do not, as we do, appoint delegates to State societies, except in special cases. This plan would do away with delegations, which amount to nothing, except, perhaps, those to the American Institute of Homoeopathy and the State Dental Society, and better accomplish the purpose.

The Corresponding Secretary was also directed by the President to "correspond as largely as practicable with leading physicians of our State and urge their attendance upon our meetings and their contributions to our material needs."

This I have done to a large extent, and to many of the letters have received replies expressing the feelings of the writers in regard to our State society. I am convinced, from the consideration of these communications, and from my contact with members of the profession, that if we will but adopt the words of our late colleague, the immortal Dunham: "*Freedom of thought and liberty of action*," as the attribute of our society, to guide its action as an organization, we may look forward to the future with bright prospects of a grand success in the maintenance and advancement of the great fundamental law of nature, for the cure of disease, "*similia similibus curantur*," and the advancement of scientific knowledge, by the hearty co-operation of a large number of the best educated physicians of our State.

Respectfully submitted,

A. P. HOLLETT,
Corresponding Secretary.

CREDENTIALS:

Dr. Osborne, from the committee on credentials, presented the following report:

Present. Drs. L. M. Pratt, G. H. Billings, H. M. Paine, E. D. Jones, C. E. Jones, J. Savage Delavan, Geo. A. Cox, J. W. Cox, C. A. Goewey, M. A. Garrison Pomroy, G. W. Gregory, H. L. Waldo, H. Swite, S. H. Carroll, J. F. McKown, Geo. E. Gorham, Titus L. Brown, W. H. Fowler, C. Ormes, C. E. Swift, A. B. Rice, O. Groom, R. E. Miller, Robert Boocock, W. H. Barnes, P. W. Mull, J. S. Phillips, C. P. Cook, Anna C. Howland, Asa S. Couch, A. R. Wright, W. B. Kenyon, F. Parke Lewis, N. Osborne, W. B. Gifford, S. S. Gay, U. F. Hein, W. M. L. Fiske, Henry Minton, Samuel Talmage, W. E. Warmesley, Alice B. Campbell, E. Hasbrouck, W. W. Blackman, Helene S. Lassen, D. A. Gorton, J. L. Watson, H. M. Dayfoot, B. P. Andrews, E. C. Barr, Geo. B. Palmer, Allen B. Carr, J. A. Biegler, R. A. Adams, Alice A. Stoddard, J. H. Demarest, Thomas Wildes, Alfred K. Hills, T. Franklin Smith, H. Amelia Wright, Sarah J. White, E. Carleton, Jr., Alice H. Burdick, S. P. Burdick, J. W. Dowling, H. S. Hutchins, C. E. Chase, W. H. Watson, W. C. Doane, J. W. Ostrom, John J. Mitchell, R. H. Talcott, N. E. Paine, O. E. Pratt, C. A. Beldin, R. E. Belding, E. S. Coburn, Wm. Simpson, M. L. Dowdell, C. G. Clark, S. J. Pearsall, A. P. Hollett, J. J. Alleman, D. J. Turner, L. A. Clark, R. Slocum, C. A. Mosher, E. H. Eisenbrey.

Dr. Coburn moved that the report of the committee on credentials be accepted, and the committee continued. Adopted.

The President—Before proceeding to the next order of business, I have the pleasure of introducing to you the Surgeon-General of the State of New York, Dr. Wm. H. Watson, of Utica, who will make a communication.

The Surgeon General—Mr. President, ladies and gentlemen: I am requested by Governor and Mrs. Cornell to present their compliments to the members of this society, and request the pleasure of their company and that of the ladies accompanying them, at the reception to be given this evening at the Executive Mansion, between 9 and 12 o'clock.

Dr. Hills—I move that the society accept the invitation with thanks. Adopted.

Dr. Jones—I think at this time we ought to give some expression of the sense of the society to our treasurer, for presenting the report he has. We have never, I think, since the organization of the society, had any money in the treasury, and now that we have a balance in our favor, I think we should give expression to our astonishment and wonder in a complimentary vote to the treasurer.

Dr. Minton—I move that the thanks of the society be tendered to the treasurer for the admirable manner in which he has discharged his duties for the past two years.

The motion having been seconded, was unanimously adopted.

NOMINATIONS.

The President announced that the next order of business was nominations of officers (chairmen of bureaus at the close of each bureau report), delegates to other societies, honorary and permanent members (the latter, upon recommendation of the respective County societies).

The following nominations for president were then made: Drs. S. H. Talcott, Asa S. Couch, A. R. Wright, C. E. Blumenthal, E. Hasbrouck, J. W. Dowling.

The President said: I desire to thank Dr. Wright for the nomination of myself, but my constitution is somewhat broken, my years are advanced, and I don't feel like bearing the honors and emoluments of this station for another year; I know I was elected by the impulse of the society rather than on its deliberate judgment in selecting the best man, but as I was elected to the position, I accepted it as many do who have greatness thrust upon them. I therefore respectfully request that you will confine your attention to the other candidates, and not vote for me, and thus "waste your sweetness on the desert air."

The following nominations were then made for First Vice-President: Drs. N. R. Seeley, A. P. Hollett, S. H. Talcott, and C. Ormes.

For Second Vice-President: Henry Minton.

For Third Vice-President: Drs. W. B. Gifford, A. B. Carr, B. A. Adams.

For Treasurer: E. S. Coburn.

For Recording Secretary: H. L. Waldo.

For Corresponding Secretary: C. E. Jones, A. P. Hollett.

CENSORS.

Northern District—A. W. Holden, G. W. Little, L. A. Clarke.

Southern District—W. M. L. Fisk, J. H. Demarest, S. H. Talcott.

Middle District—C. E. Swift, M. O. Terry, G. B. Palmer.

Western District—W. B. Kenyon, A. B. Carr.

HONORARY MEMBERS.

Drs. J. P. Dake, Nashville, Tenn., W. L. Breyfogel, of Louisville, Ky., Samuel Potter, Milwaukee, F. D. Durkee, San Francisco, John C. Budlong, Surgeon-General of the State of Rhode Island, J. H. Gallinger, Surgeon-General of the State of New Hampshire.

PERMANENT MEMBERS.

The Secretary read the following nominees for permanent membership received from the County societies, to be elected at the Annual Meeting, Feb., 1881.

FIRST DISTRICT.

Wm. Hanford White, M. D., Joseph Finch, M. D.

SECOND DISTRICT.

William M. Butler, M. D.

THIRD DISTRICT.

J. J. Peckham, M. D., Jacob S. Phillips, M. D.

SIXTH DISTRICT.

Isaac Miller, M. D.

SEVENTH DISTRICT.

E. W. Bryan, M. D., B. F. Williamson, M. D., H. M. Dayfoot, M. D.

EIGHTH DISTRICT.

F. Park Lewis, M. D., A. B. Rice, M. D., A. J. Evans, M. D.

ELECTION OF PERMANENT MEMBERS.

On motion the Secretary was instructed to cast the ballot of the society for the election of the following permanent members, and they were declared duly elected:

1st Dist.—Warren Freeman, M. D., Wm. Scherzer, M. D.

2d. Dist.—S. E. Stiles, M. D., John J. Mitchell, M. D.

3d. " —Wm. H. Van Derzee, M. D., Catherine E. Goewey, M. D.

5th Dist.—N. H. Haviland, M. D.

Dr. Talcott moved that the Secretary cast the ballot of the society for the election of honorary members, which having been done, the following were declared elected: Edward A. Guilbert, M. D., Henry N. Guernsey, M. D.

REPORT OF A COMMITTEE.

The next business was to receive the report of a committee consisting of Drs. Jones and Holden.

Dr. Jones said: I was not aware until I saw my name on the order of business that I was chairman of the committee. I supposed it was Dr. Holden, but as Dr. Holden could not be here I will try and make a report. The committee appointed to examine into the case of Dr. Bennett and his alleged irregularities in not paying some moneys over that belonged to the society, find he is entirely exonerated from any such charges, and that the charges brought against him were frivolous and there was no truth in them at all. Therefore we recommend that he be placed in the same position he occupied before the charges were preferred. His name was proposed for honorary membership at the last meeting, and these charges were brought up to prevent his nomination. While I would exculpate the doctor from any charges against him by the society of which he was a member, I am, for one, opposed to making honorary members so indiscriminately. I don't think that because a permanent member of this society leaves the State and goes to some other State he should be nominated to honorary membership, for if there is any honor in it which is to be valued, the person receiving it should have some other recommendation than simply being an M. D., or a permanent member of this society. He should have made some advancement in medical science and have benefited the profession in some way. Therefore, with these views, I would not recommend Dr. Bennett for honorary membership.

Dr. Coburn moved that the report be accepted and the committee discharged. Adopted.

The president announced that the next order of business was action upon the proposed changes in Article VI. of the Constitution, notice of which was given at the annual meeting in February, 1879; John J. Mitchell, M. D., proposing to change the time of the annual meeting to the third Tuesday in September, and

H. M. Paine, M. D., proposing to change the time to the first Tuesday in February.

Dr. Fiske moved that the time be fixed as the third Tuesday in September, as at that time physicians had their lightest work, and were not liable to be storm bound. He had been talking with a number of physicians in regard to the change and it struck so many favorably that he would move its adoption.

Dr. Haabrouck—I second the motion.

Dr. Talcott—I think there are some objections to the proposition of Dr. Fiske. It seems to me the most appropriate time for holding the annual meeting is the time we now hold it, and the place in Albany, for the reason it is the time of the year we can meet the Legislature of the State and can perhaps influence legislation in favor of homoeopathy. There will be health bills brought up from year to year, and other matters of interest to the society which should be attended to. You can't get along without attending to political influences in a society of this kind. Therefore I think this time is better than the summer. If we had a business meeting in the fall of the year it would interfere with the pleasure of the semi annual meeting.

Dr. Coburn—I give notice of an amendment to the constitution for a change of the time of meeting until the first Tuesday in March.

Dr. Jones—I am opposed to that amendment. The State society of the old school changed their time of meeting to an earlier date, I think it was in June, so as to have it in a pleasant time of the year. They held their meeting at that time for one or two years, but they found it would not work and they changed back again to the first Tuesday in February as being better, and accommodated them better for legislative matters; if there is anything to be brought before the Legislature they have opportunity at that time to go before the committees they wish to influence. Now there is a bill before the legislature for the establishment of a board of health. That committee meets to-morrow, and they have had two or three meetings already. At the meeting last Wednesday the allopathic society had a hearing before them. We prevailed upon the committee to adjourn the case until to-morrow at 3 o'clock, so that a committee from this society could go before them and present our views in regard to the board of health. If our society meets in the spring or September, or at any other time except when the legislature is in session, we shall lose a great deal. We shall lose an opportunity to go before committees that we may be interested in, and you cannot get a committee to leave their homes for the purpose of going before a committee of the Legislature, and we have also the executive here, and if you are here you can get things, otherwise we might not.

Dr. Talmage—If it is proper I would amend Dr. Fiske's motion by suggesting the first Tuesday in February.

Dr. Jones—That will be the same time the allopathic society meets, and would be very inconvenient to get rooms.

Dr. Talmage—Then make it the same as it is now, the second Tuesday.

The President—The chair is a little in doubt as to whether it is proper to accept amendments or not. My private impression is that the society has the matter in its hands and an amendment would be in order. I would like to have the opinion of the society on it, in order not to establish an unfortunate precedent.

Dr. Doane—I was going to remark that, in my judgment, if you change the time of the meeting of our society, we will all regret it. We had a little experience of this kind in Pennsylvania during my residence there, and when important matters came up in the Legislature of the State, connected directly or indirectly with the homoeopathic profession, committees were appointed by the society on matters of legislation who never attended; and year after year things ran

along which were neglected, and it was found impossible to attend to those matters. At last the society was compelled to hold their yearly meetings at the city of Harrisburg. I think every member of the society will regret the change, and it will damage the society so far as legislative matters are concerned.

Dr. Guy—I believe the president's impression was correct in regard to amending. So long as notice has been given, you can amend it any way you please.

Dr. Wildes—I shall oppose the change. Two years ago the whole matter came up on the change of time. The whole question was discussed *pro* and *con*, and by a large society vote it was decided not to change it. It was decided it was not in the interest of the society to change it. It was decided that if a sufficient number of members found it convenient to attend, it was not necessary to change it, and, if we did change it, others would not come. As to changing it to the fall, a great many physicians are away during the summer, and will have scarcely settled back into harness when they are called away again to attend a meeting of the society, which is the business meeting, and a matter of importance, not of pleasure. Then again it will not come at the time the Legislature is in session, and, as Dr. Jones and others have said, it is important that we should be in Albany and present such matters as we may think advisable to the Legislature. As to changing it to the first Tuesday in February, the Old School Medical Society holds its annual meeting then, and the Grand Chapter of Masons hold their meeting in Albany, and Albany is too full of scientific and intelligent men, and there is very little room for us homoeopaths. [Laughter.] We want our colors to shine out.

Dr. Mitchell—I presented the proposed amendment at the request of many valuable members who reside West, and have given me sad accounts of being snow-bound. Then again, others who live in New York, with the colleges in session, find it almost impossible to present themselves here. I fully agree with the remarks of the gentleman who spoke of the Legislature being in session. Of course this business meeting of ours is at a time when we should watch legislation, but if we met in the autumn our work could be laid out and committees appointed, and it could be attended to as well as by us. So far as my personal convenience is concerned, this is not the best time, and I think the other practitioners would agree with me, yet I propose to come in spite of that; but if we could have it in the fall we would have more present than we have now, as we would not have to contend with the press of business and difficulty of getting here. Those were the two things that suggested the amendment to me.

Dr. Groom—I merely wish to say I concur with the remarks of Dr. Doane in this matter. It seems to me he has given you the correct solution of the matter. To have two sessions so close together will be entirely out of place, and there are more influences to induce members to come to this society meeting at this season of the year than at any other season I can think of. Certainly, I think it will be a detriment to the society to change it, and therefore I am in favor of keeping it as it is.

Dr. Wright—I simply wish to speak of the matter of legislation urged in favor of the time of meeting. I believe I am one of the oldest members of the society, and I cannot remember more than one occasion when we had a committee to meet a committee of the Legislature in session. We have depended on the committee on legislation, selected for its competency, and, as I remember, that committee has had very lively correspondence with members all over the State in regard to matters affecting our interests. They have conducted the business with a great deal of intelligence; it has proved very satisfactory, and the society has done very little at its annual meetings in regard to legislation. Therefore that argument falls to the

ground, and we can just as well have a meeting in the fall, when we can enjoy it, and can do all our business in three days.

Dr. Talmage.—If it is proper I would move that in the sense of the society it is not desirable to change the time of the annual meeting.

Dr. Swift.—It strikes me gentlemen don't understand what this meeting is. As I understand, it is the legal meeting. We meet here for business in a legal way. We are a legal society, an organized society by delegations from each county, and we have an object in view. What is that? That our standing in the State may be known; that we may have our rights as citizens of the State; and it strikes me to change the time of meeting from the winter to the summer would be erroneous. We are now in session, and the Legislature is in session. Here is an important bill coming up, and the chairman of the committee to which it is referred is Senator Williams. We want to get access to the Governor and to the chairman of that committee. How will we do it? While we are in session it is the easiest thing in the world to appoint a committee, who could go there in a few hours and see them. If the meeting was changed to the summer we could not get the information in six weeks that we can now get in half an hour. Another thing is, you meet for business, and have members from different parts of the State, who have influence with members of the Legislature, and a word from one of those gentlemen to the member he is acquainted with will have more influence than a committee would have in six months. I know Senator Woodin and Governor Cornell, and they are both good homœopaths, and you can get at them now and rely on them as friends.

Dr. Hasbrouck.—I was going to ask a single question that may help the society in deciding this matter. Does the law require that the annual meeting of the society shall be held in Albany?

Dr. Paine.—The law requires that the first meeting shall be held in Albany, and after that the society can fix the time and place itself.

The motion of Dr. Fisk was then put, and lost, only four members voting for it.

The president then put the question on the amendment proposed by Dr. Paine, on which Dr. Paine requested to be allowed to withdraw the amendment, and was permitted to do so.

SEMI-ANNUAL MEETING.

The secretary read the following communication from the Kings County Homœopathic Medical Society:

BROOKLYN, Feb. 7, 1890.

To the Homœopathic Medical Society of the State of New York:

At the last regular meeting of the Homœopathic Medical Society of the County of Kings the following resolution was adopted:

Resolved, That the Homœopathic Medical Society of the State of New York be invited to hold its semi-annual meeting in Kings County during September next.

The place and date of meeting to be decided by a committee of this society.

By order of the society.

W. W. BLACKMAN, *Rec. Sec'y.*

Dr. Hasbrouck.—I move the acceptance of the invitation, and in doing so I wish to explain the ambiguous way in which it is written. The society is invited to meet in Kings County. At the last meeting quite a number of physicians expressed a wish to come to Coney Island. We may not, possibly, have the meeting at Coney Island, but we can have the meeting in Brooklyn and take you to Coney Island. We will let the secretary know in ample time to inform the society of the arrangements made for holding the meeting.

The invitation was then unanimously accepted.

PROPOSED AMENDMENTS TO THE BY-LAWS.

The president announced that the next order of business was action upon proposed changes in the by-laws recommended by the executive board.

Dr. Waldo, secretary, read the report, as follows:

1st. That Section VIII. of the by-laws be entitled "Bureaus and Committees."

2d. That the bureaus of Medical Education and Societies and Institutions be discontinued.

3d. That a Committee on Medical Education and a Committee on Societies and Institutions be annually appointed, in the same manner as bureaus are appointed.

4th. That the clause relating to the appointment of bureaus be amended so as to read as follows: "Each of these bureaus shall consist of as many members as the president of the society shall see fit to appoint—not less than three—who, with the exception of the chairman, shall be appointed annually by the president, with the advice of the other members of the executive board."

5th. That Section XV. of the by-laws be amended so that a vote of two-thirds of the members present shall be necessary to amend them.

On motion, the proposed changes were taken up *seriatim*. The first three recommendations were then put and adopted. Dr. Jones moved the adoption of the amendment relative to the appointment of bureaus.

The President.—I should recommend the society to go a little carefully on that amendment, for the reason it makes it necessary for the president, in filling the bureaus, to correspond or have some arrangement with every member of the executive board. No man should be appointed to the position of president unless he is able to fill the appointments of the bureaus.

Dr. Wildes.—There will come a time when a president will be elected who is in every respect a capable man, but, in consequence of non-familiarity with the different gentlemen, will find himself in a fog unless he communicates with the other members of the executive board.

The President.—If the president elected were as able as Dr. Wildes suggests, he would not proceed to fill the bureaus without consultation with some one.

Dr. Paine.—Why cannot that be changed so that the head of a bureau can select his own associates? It seems to me that will be very proper, and I do not see that any harm will come from it. We appoint the chairmen of the bureaus, and let those gentlemen select their own associates.

Dr. Waldo.—A year ago, when elected secretary, I wrote to the chairmen of bureaus, and the names of several different physicians were suggested by different chairmen. I recollect that the same physician was selected for several different bureaus, and it seems to me it will be better to have one person make the appointments.

The Surgeon-General, Dr. Watson.—It seems to me the president will be the best man, because he will, from his position, look over the whole State, and make the best appointments for each bureau without any conflict of that kind.

The proposed amendment was then put and lost, and the remainder of the report was adopted.

BUREAU OF MEDICAL SOCIETIES AND INSTITUTIONS.

The next order of business was to receive the report of the Bureau of Medical Societies and Institutions.

Dr. Hills, chairman of the bureau, said, in order to give the society the best idea of the condition of the institutions, he would call on gentlemen to speak of them. With regard to the Albany Homœopathic Hospital and City Dispensary, he would call on Dr. H. M. Paine to state its condition.

Dr. H. M. Paine said: I really am not prepared to present any report of our hospital. Dr. Cox has served as chairman of the executive committee during the

past year, and is better prepared to give statistics than I. I can say the hospital is in a very flourishing condition. It is out of debt, and during the past year it has had a larger number of patients than in former years, and a larger amount of money has been contributed for its support than in any previous year. It is in a very favorable condition. About 3,000 cases are treated annually at the dispensary.

Dr. Osborn was then called upon, and said: I would say the institutions of Buffalo are booming. We have quite a number of institutions. The hospital is not out of debt, but is competent to hold about thirty-five or forty patients, and we manage to keep it full most of the time. We have also a general dispensary, that is very well attended by quite a number of patients, who visit it daily. We also have an eye and ear dispensary, under the charge of Dr. F. Park Lewis, which is doing a good business. We have also a hospital for fallen women, which is in a prosperous condition.

Professor Burdick was then called upon, and said: It affords me a great deal of pleasure to state that the Hahnemann Hospital of the City of New York is in a flourishing condition. Its new and elegant building comprises the main building of the hospital, is complete, and its wards and beds are filled with patients. This institution is doing a good work both for the sick and for the profession. It gives me pleasure also to mention in connection with the Homoeopathic College, that this institution is also in a flourishing condition. We have an excellent class, and our standard we have endeavored to place high, requiring three full courses, and a graduating course, and our examinations at the close of the terms are most rigid. This has probably done us some harm, and has probably frightened some of the timid away from us, but we hope it will give the community physicians who are worthy of the title.

Dr. Talcott was then called on, and said: The institution of which I have charge, the State Homoeopathic Asylum for the Insane, is an institution which some of the members have visited. Some of you will probably remember our holding the semi-annual meeting there a year ago last fall. Since that time the work of building up the institution, filling it up with patients, improving the grounds and improving the internal appearance of the building has been pushed steadily forward. Last winter we came to Albany and secured an appropriation of \$75,000 for the erection of a new pavilion. We expect to ask for \$75,000 this winter, and with that expect to do the rest of the work in that direction. The institution has been on a paying basis for three years; that is, the receipts from patients cover running expenses; our debts are paid, and we had a balance at the last quarterly report of \$24,000. Our percentage of recoveries has been from 40 to 46 per cent., our death rate from 4.94 to 7 per cent. The last report which I forwarded from Dr. Ordronaux, the State Commissioner in Lunacy, showed that from November, 1878, to November, 1879, our death rate was 4.94 per hundred. I don't know that there is anything more to explain. The farm and grounds have been improved, and a greenhouse put up, making the general appearance much more attractive than it was when the society was there in the fall of 1878.

Dr. Willis was then called on, and said: I did not expect I should be called upon to represent the Brooklyn Hospital, but I will say we are in a very flourishing condition. We shall soon have our sixth anniversary. We can accommodate about 60 patients, and are generally full. We have also recently been enabled to pay off our debt of \$17,000, and are now free from debt. We have connected with the institution a dispensary, which treats about 12,000 different patients a year.

Dr. Fiske was then called upon, and said: We have in the eastern district of Brooklyn a homoeopathic dispensary, the handsomest building in Brooklyn, and treat from eleven to thirteen thousand annually there.

There is also a dispensary in Gates Avenue which treat a good many. I want to say one word for the Middletown Asylum. I have had three patients under Dr. Talcott's care, and every one of the them spoke in the highest terms of the care, kindness, treatment, food, and skill brought to bear upon them. I want the State Society to appreciate that.

Dr. Talmage on being called upon said: Last year I was appointed to represent the Gates Avenue institution in this society. I have acted as house physician for the Gates Avenue Homoeopathic Institution for ten years; it has been in operation for the last thirteen years, but now, wishing to devote my whole time to my private practice, during the last month I resigned from my position and other parties have been appointed. That institution has been going on quietly doing good work, and is out of debt, and has \$2,000 in its treasury at the present time. I would also state that I am consulting physician of the Brooklyn Nursery, which is a homoeopathic institution. It is attended by homoeopathic physicians and accommodates about forty babes under three years old. It is managed by ladies, and they say it is in a very flourishing condition. They are not in debt, but have a property that was leased to them last year, and are making arrangements for erecting a large addition to the building. They have a small sum on hand, and a strong effort is being made to raise more money.

Dr. A. B. Carr, of Rochester, was then called on, and said: There is only one institution at Rochester, which is the Homoeopathic Free Hospital. I have not been at any of the meetings since two years ago, but it is still progressing, doing its work, and has entirely superseded the allopathic dispensary there.

Dr. Hills said: The committee would remark in relation to the Ward's Island Hospital that it has continued its work about the same as previously reported. The number of patients is about the same, and continues as in the first years of our existence. The death rate has increased in consequence of the large number of cases of phthisis sent to us. A great number of deaths come from that dread disease, phthisis. Some recover sufficiently to go out and attend to their business, but in many cases they return to us to die. The present chief of staff is Dr. Webb, who succeeded Dr. Holden. He promised to send a complete report of the hospital this year, but I have failed to receive it. The New York Ophthalmic Hospital is still increasing in the attendance of patients, as perhaps many of you have seen from the reports in the journals. The dispensaries, I think all of them, in existence one year ago, still continue to exist, and the Western Homoeopathic Dispensary has recently purchased a site on the corner of Seventh Avenue and Thirty-eighth St. for \$11,000, and are so changing it that they will have facilities for the treatment of various diseases. I think they also intend to have a hospital for children in the upper story some time during the present year. The other dispensaries, so far as I know, although I have no written report, are in a satisfactory condition.

A Member—I would like to mention another institution which has failed to be heard from, the Brooklyn Maternity, which has been in existence twelve or fifteen years. They are doing a good and trustworthy work, and although peculiarly embarrassed, they hope to come out from under the cloud.

Dr. Wildes moved that the report be accepted, and that Dr. Alfred K. Hills be now elected as chairman of the Bureau of Medical Societies and Institutions for the ensuing year. Adopted.

REPORT OF THE NECROLOGIST.

Dr. Waldo, secretary, read the report of the necrologist, as follows:

The undersigned regrets to report to the State Society that intelligence of the death of the following

homœopathic physicians of this State has been received since last report:

L. D. Hand, M.D. Binghamton.
I. M. Cadmus, M.D. Waverly.
H. Beakley, M.D. Peekskill.
L. B. Waldo, M.D. West Troy.
E. B. Squire, M.D. Syracuse.
D. D. Smith, M.D. Brooklyn.
E. A. Munger, M.D. Waterville.
Emma Scott-Wright, M.D. New York.
Franklin B. Gelow, M.D. Syracuse.
H. V. Miller, M.D. Syracuse.
Lafayette Bushnell, M.D. New York.
W. Doolittle, M.D. Rochester.

Brief memorial notices of these, our late lamented colleagues, will appear in the official transactions.

HENRY D. PAINE.

Dr. Jones moved that the report be accepted. Adopted.

Dr. Coburn moved that Dr. H. D. Paine be continued as necrologist of the society. Adopted.

MISCELLANEOUS BUSINESS.

The president read the following telegram from the Connecticut Homœopathic Medical Society.

H. L. WALDO, M.D., *Recording Secretary*:

Regret my inability to be with you. Present the compliments of the Connecticut Homœopathic Medical Society to the New York State Homœopathic Medical Society.

WILLIAM D. ANDERSON,
Pres't Conn. Hom. Med. Society.

Dr. Alfred K. Hills moved that the secretary send a suitable answer to the telegram. Adopted.

Dr. Guy—I have an unfortunate matter to bring before the society, which I regret exceedingly. The Kings County Homœopathic Medical Society have seen fit, for various reasons, to expel me from that society during the past year. I have an application to this society for a hearing under the law of the State, and I ask the president to receive my appeal from the County Society for investigation. I have a written appeal, which I present to the society without comment, and ask, if a committee is appointed, it be handed to that committee to examine.

Dr. Jones—With all due deference to Dr. Guy—and I know nothing about the merits of this case—I am opposed to bringing personal grievances between societies to the notice of the State Society. That is not the object of our society. The State Society is for the purpose of legislating, and not settling grievances between individuals and societies. I do this not with reference to Dr. Guy, but two years ago Dr. Carmichael brought up a grievance in relation to the colleges, and we had to renew it again last year by an answer from Professor Dowling. It is not pleasant, and we should leave the local societies to settle their own grievances.

Dr. Guy—I simply wish to say that the law gives me the right I claim.

Dr. Wilkes—I know nothing whatever of the merits of the controversy, and nothing whatever of the circumstances connected with it. I do know a precedent was established here by which we gave a hearing to a gentleman on the floor, and we ought to give it to the gentleman who makes the application. If the law stands as it is read, we owe it to him.

Dr. Talcott—I move that the matter of Dr. Guy be referred to a committee of three, to report to the society at some future time. Adopted.

The president appointed as such committee Drs. S. H. Talcott, R. A. Adams, and C. Ormes.

Adjourned until 2 P. M.

GLONOINE.—This remedy has been found of marked benefit in relieving the paroxysms in angina pectoris.

OBITUARY.

Dr. LYDIA A. CRAFT. Resolutions of the Kings County Homœopathic Medical Society:

Resolved, That while we accept this mysterious ordering of a Divine Providence as being beyond our finite comprehension, who, in the taking from us while yet in mid-life our late friend and associate, Dr. Lydia A. Craft, has seemed to shorten a useful and active life, we can but feel grateful for the many virtues possessed by the deceased, and that beauty of character which will forever surround her name and memory with a halo of brightness and reverence. Also,

Resolved, That we extend to the members of the family of our departed associate our joint condolence and sympathy, and that a copy of this expression of our esteem and regard for our late worthy member be forwarded to them.

WOODYATT.—It is with deep regret that we announce the death of Dr. W. H. Woodyatt, in Chicago, of diphtheria.

ALLEN.—Paul W. Allen, professor of the theory and practice of medicine in the United States Medical College, in this city, died, Jan. 10, of fatty degeneration of the heart and congestion of the lungs. Prof. Allen was a careful student, a successful practitioner, and an able and popular teacher. He did more than any other man to ascertain the action of *Veratrum viride*, now considered one of the most valuable remedies in our repertory. His published addresses on scientific subjects were exceedingly able, and entitled him to the respect and esteem of men of all schools.

MEDICAL ITEMS AND NEWS.

THE BEST MODE OF TREATING CANCER.

EDS. TIMES.—Having declined to remove with the knife three suspected cancerous tumors during the past eighteen months, on the ground that, in the light of surgical experience this operation destroys the last hope of the victims of true cancer; and having seen the teachings of Prof. Willard Parker, Prof. Gross, and many others, confirmed by the results in these three cases which were removed by three allopathic surgeons, one of the cases dying in a month, the other two, after the added torture of a second operation, followed in one case by painful caustic applications, proving fatal in six and eight months, I desire to submit to surgeons of our school and to specialists the question as to the very latest and best teachings in their respective fields of observation. A. P. THROOP.

PHLEGMASIA DOLENS.—The origin of this disease in lying-in women can mostly be accounted for by processes springing up in her own system. The blood of the recently delivered woman is in a state highly prone to coagulate. It will coagulate when invaded by effete materials or septic matter in undue proportion to the excretory power of the system. Such undue proportion will accumulate when the free action of the great excretory system, the breast, lungs, liver, kidneys, skin, and mucous membrane of the intestines, is greatly impaired by chronic antecedent imperfections, or is suddenly checked under the influence of cold, emotion, or other form of shock. To anticipate these causes, to prepare and to keep the glandular system in good working order, to prevent the accumulation of poisonous matter in the blood, is the obvious indication—one which we ought to be able in most instances to carry out. The theories or hypotheses of thrombosis arising under conditions other than puerperal must be in harmony with what is observed in puerperal thrombosis.

POISONING BY STRAMONIUM.

Cases of opium-poisoning successfully treated by hypodermic injection of *Atropine* have been reported recently by Dr. J. Milner Fothergill in *The Lancet* and elsewhere, which showed in a striking manner the strongly marked antagonism existing between these two drugs.

I do not recollect having met with any recorded cases tending to prove that antagonism conversely; but a case of *Stramonium* poisoning which I met with recently comes very near doing so, since the toxic properties of that drug are so nearly identified with those of *Belladonna*.

The patient, a girl of twelve years, suffered from asthma, and had for sometime smoked stramonium leaves for the relief of the paroxysms. Her mother, wishing to give the girl a dose of pinkroot, *Spigelia marilandica* (a common domestic remedy here for lumbrici), took, by mistake, the paper containing the *Stramonium* (from which the gummed label had fallen off), and taking "a large pinch" of the leaves, certainly not less than two scruples, boiled in about four ounces of water, and gave the whole of the decoction at a dose. No alarm was taken for fully six hours, when the mother found the girl lying on her bed insensible. I saw her soon after, with widely dilated pupils, insensible to strong light, cold extremities, feeble pulse, shallow respiration, evidently seriously poisoned. I injected at once one-third of a grain of morphia into the arm, ordered hot bottles to the feet and axillæ, and hot brandy-and-water as soon as she could swallow. It was too late for emetics, even if she could be made to take them. In about three hours I saw her again, and finding the pupils still widely dilated, and other symptoms as before, except that there was some return warmth in the skin, I injected another third of a grain of morphia. About four hours after I was sent for in great haste, the girl being said to be dying. I found her quite warm, pulse better, pupils nearly contracted to normal, but the respirations had fallen to only four per minute. The patient would draw a slow, deep breath, and then the chest would remain absolutely motionless for a quarter of a minute; then another deep breath, and so on. Query: Was this extreme slowness of the breathing owing to the first poison or the last? At any rate, it soon passed off, and the patient recovered perfectly in a day or two.

It is difficult to avoid the conclusion that the girl's life was saved by the morphia injections, which, too, left no ill effects of their own, notwithstanding the largeness of the dose exhibited.—J. HOWLEY, in *London Lancet*, Feb. 1880.

SPECIALTIES of practice are one thing, and in the main, we think, undesirable; speciality in study is quite another matter.—*London Lancet*.

CANNABIS INDICA has been used in epilepsy by Dr. Sinker, of Philadelphia, in doses of one-sixth grain, three times a day.

PYROLIGNEOUS ACID.—We have relieved several forms of acute hemorrhoids by the application of an ointment of this drug; also pruritus ani, by penciling the parts with a mixture composed of equal parts of the acid, water, and *Glycerine*, night and morning.

NEW YORK, February 20, 1880.

The position of Resident Physician of the Hahnemann Hospital in this city will be vacant July 1st. There will be a competitive examination for the position early in June. The doctor will receive his board, lodging, and washing; also thirty dollars per month. Applicants may address John H. Thompson, M. D., Secretary of Medical Board, 36 East Thirtieth Street, New York.

DOUBLE UTERUS, WITH DOUBLE CONCEPTION.—Dr. Sotschawa, of Moscow, reports, in the *St. Petersburg Med. Week.*, Jan., 1879, the case of a woman, aged 36 years, who called him on account of a hemorrhage occurring during a third pregnancy. On examination he found two distinct vaginas, each one terminating in a uterus. The finger passed readily through the first of these, and he found an ovum presenting; the uterus seemed to correspond to about the second month of conception. The vagina of the other side (right) was narrower, but the neck could be reached, and appeared to belong to a uterus of three months. The hemorrhage had its source in both uteri, and in consequence was considerable; an embryo of one month was extracted with the finger from the left uterus, and three days later a fetus of three months was extracted from right uterus. The author observes that this case is not only remarkable for its rarity (only thirty cases being on record) but also because it is a proof of the possibility of superfetation.—*Gazet e Obstetricale*, Sept. 5, 1879.

VASELINE.—The Chesebrough Manufacturing Company are constantly finding new uses for their products. The Vaseline wherever known is almost a household necessity. Recently the proprietors have utilized it in preparing several of the standard ointments and cerates of the U. S. P. As thus prepared they never become rancid. They are rapidly coming into public favor. We note with especial favor the ointments of *Nit. Silver* and *Iod. of Iron*, as, not exposed to the sunlight, they will keep for any length of time. We perceive they have prepared a new burning oil, "Luxor Oil," which yields a beautiful light, and is absolutely free from danger and unpleasant smell, and is furnished at a low price.

The "Highland Medical Institute" of Newburgh-on-Hudson, has passed into the hands of our esteemed colleagues, Drs. John J. and Geo. B. I. Mitchell. We can conscientiously commend this institution to such as require the best of home comforts, together with skillful and honorable treatment.

PROF. T. P. WILSON, of Pulte Medical College, Cincinnati, has been appointed to the chair of Theory and Practice in the University of Michigan, and Dr. G. C. McDermott, of Milwaukee, succeeds to the vacancy in Pulte.

CANDIDATES for vacancies on the House Staff Homœopathic Hospital, W. I., for October 1st, 1880, will please send their names to Alfred K. Hills, M. D., Secretary Medical Board, 33 W. Twenty-third St., N. Y.

REPORT of the Brooklyn Homœopathic Hospital Dispensary for month ending January 31, 1880: Prescriptions, 2,068; new patients, 920; average daily, 80; largest, 121. T. D. KOONS, M. D.

The spring session of six weeks of the N. Y. Hom. Medical College will commence March 9th, 1880, and "will be adapted to the wants of advanced students and graduates of medicine."

N. Y. OPHTHALMIC HOSPITAL.—Month ending February 30, 1880: Prescriptions, 3,508; new patients, 458; resident, 16; average daily attendance, 146; largest, 210. CHAS. DEADY, M. D., Resident Surgeon.

REMOVAL.—Dr. P. A. Banker to Milbrook, Dutchess County, N. Y.

ERRATA.—On page 253, fourth line from bottom, read "compound" for "compressed;" on page 254, sixth line from bottom, read "operation" for "application;" also in fourth line from bottom "concretion" for "connection."

In consequence of the excessive labor in indexing etc., our issue this month is delayed, for which we beg the indulgence of our readers.

